

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES



PRINTED: 07/27/2007  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>09G145</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>07/13/2007</b>
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NAME OF PROVIDER OR SUPPLIER

**MARJUL HOMES**

STREET ADDRESS, CITY, STATE, ZIP CODE

**4910 ARKANSAS AVENUE, NW  
WASHINGTON, DC 20012**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 000	INITIAL COMMENTS  This recertification survey was conducted from July 12 through July 13, 2007. The survey was initiated using the fundamental survey process; however, due to deficient practices in the area of active treatment, the extended surveying process was implemented. As a result of continuing concerns identified in the condition of active treatment, the state agency determined that the full surveying process was warranted.  A random sample of three clients was selected from a residential population of six males. One client in the sample had a diagnosis of profound mental retardation, one had mild mental retardation, and the third client was diagnosed with severe mental retardation. These three clients were prescribed psychotropic medications. The clients in this facility had limited to no skills in verbal communications.  The findings of this survey were based on observations at the residence and day program, staff interviews at both the group home and day program, review of clinical and administrative records to include the facility's unusual incident reports and policies.  As a result of the survey findings it was determined that the facility was not in compliance with requirements in the Conditions of Participation under Active Treatment, Facility Staffing, and Governing Body.	W 000		
W 100	440.150(c) ICF SERVICES OTHER THAN IN INSTITUTIONS  "Intermediate care facility services" may include services in an institution for the mentally retarded (hereafter referred to as intermediate care	W 100	The governing body and management of MarJul Homes has implemented more controls to ensure a more rigorous monitoring of the provision of continuous learning opportunities as follows:  1) Case Review—1 <sup>ST</sup> & 3 <sup>RD</sup> Tuesday of each month 2) QA Consultant a) record review b) monthly analysis of active treatment See attachments #1 and #2	8-22-07

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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W 102	Continued From page 2	W 102			
W 104	<p>The results of these systemic practices revealed the facility's Governing Body failed to adequately govern the facility in a manner that would ensure active treatment needs and services. [See W195 and W158]</p> <p><b>483.410(a)(1) GOVERNING BODY</b></p> <p>The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>This STANDARD is not met as evidenced by: Based on observations, staff interviews, and record reviews the governing body failed to ensure that the facility exercised general policy, budget, and operating direction over the facility.</p> <p>The findings include:</p> <p>1. During the observation of the medication administration conducted on July 12, 2007, starting at 7:00 PM, client #1 administered Risperdal 3 mg, Naltrexone 100 mg, and Lithium 600 mg. According to the psychotropic medication review documents and the physician's orders reviewed on July 13, 2007, at 4:45 PM, client #1 was also prescribed morning medications to include, Prozac 60 mg., Risperdal 2 mg, Revia 100 mg, and Cogentin 5 mg. Court documents reflected that as of December 4, 2000, client #1 was provided an advocate. There was no evidence throughout the client's record to indicate that the Advocate had been informed of medications, consents, or treatments. The Assistant Program Director/"Partial Acting Qualified Mental Retardation Professional" was unable to make reference to the Advocate being</p>	W 104	<p>1. The governing body, with the Program Director in conjunction with the Quality Assurance Consultant will ensure that all the individuals parents/guardians/advocates are informed of all medications and their side effects, and that they have given consents for all treatments. See attachment #3</p>	9/5/07	
		W 104	<p>2. The governing body and management has revised the incident management policy to further clarify that the Chief Executive Officer (Administrator)/Program Director or designee will be contacted and informed of all incidents See attachment #4</p>	8/14/07	
		W 104	<p><u>3. See W104 #1</u></p>		

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W 104	<p>Continued From page 3 informed.</p> <p>2. The facility's incident management policy reviewed at 11:16 AM on July 12, 2007, failed to identify the facility's Administrator and when incident should be reported to the Administrator as referenced to in the federal regulation (W153). The policy stated that for "serious reportables the supervisor (immediate)" was to be inform and this person was responsible for the investigations". The policy did not reflect that each of these immediate supervisors were considered the Administrator(s).</p> <p>3. During review of records conducted on July 12, 2007 at 9:10 AM, a consent for medications form was reviewed for client #3. The consent had been signed by the mother on October 17, 2006. The document reflected that "some of the side effects: unknown to me-would like to receive information from Dr. concerning side effects. There was no evidence that the side effects had been explained to the mother signing the consent. The governing body failed to ensure that the establish policy regarding psychotropic medications had been implemented to ensure the protection of client #3.</p> <p>4. The governing body failed to ensure that a competent and qualified Qualified Mental Retardation Professional monitored the progress of clients in the facility. The last QMRP monitoring note for client #2 was in February 2007. The Assistant Program Director stated during interview on July 12, 2007 at 10:20 AM that two persons including herself acted as QMRP for the facility. Staff interviewed at 6:10 PM on July 13, 2007 was unsure who acted as QMRP for the facility.</p>	W 104	<p>4. The governing body and management have identified a qualified and competent QMRP who will be monitored and supported by the Program Director and Quality assurance Consultant. See attachment # 5.</p>		7-29-07

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W 104	Continued From page 4	W 104	5. 1. See W158, W159, W196 #1		
W 124	<p>5. The governing body failed to ensure that the clients #1, #2, #3 received active treatment in a consistent and persistent manner as described in W249 and W196.</p> <p>6. The governing body failed to ensure that the policies were implemented to ensure the protection of clients rights. [Refer to W264]</p> <p><b>483.420(a)(2) PROTECTION OF CLIENTS RIGHTS</b></p> <p>The facility must ensure the rights of all clients. Therefore the facility must inform each client, parent (if the client is a minor), or legal guardian, of the client's medical condition, developmental and behavioral status, attendant risks of treatment, and of the right to refuse treatment.</p> <p>This STANDARD is not met as evidenced by: Based on staff interview and record review, the facility failed to ensure that a system had been developed to assist clients through legally sanctioned advocacy to ensure the protection of their rights due to their behavioral status, risk of treatment, and desire to refuse treatment for three of three clients in the sample.</p> <p>The findings include:</p> <p>1. During the observation of the medication administration conducted on July 12, 2007, starting at 7:00 PM, client #1 was administered Risperdal 3 mg, Naltrexone 100 mg, and Lithium 600 mg. According to the psychotropic medication review documents and the physician's orders reviewed on July 13, 2007, at 4:45 PM, client #1</p>	W 124	<p>6. See W264</p> <p>1. See W104 #1</p>		

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W 124	Continued From page 5 was also prescribed morning medications Prozac 60 mg., Risperdal 2 mg, Revia 100 mg, and Cogentin 5 mg. Legal records from the courts reflected that as of December 4, 2000, client #1 was provided an Advocate. There was no evidence throughout the client's record to indicate that the Advocate had been informed of medications, consents, or treatments. The Coordinator/"Partial Acting Qualified Mental Retardation Professional" was unable to make reference to the Advocate being informed.	W 124			
	2. During review of records conducted on July 12, 2007 at 9:10 AM, a consent for medications form was reviewed for client #3. The consent had been signed by the mother on October 17, 2006. The document reflected that "some of the side effects: unknown to me-would like to receive information from Dr. concerning side effects. " There was no evidence that the side effects had been explained to the mother signing the consent. The facility failed to ensure that the person responsible for signing medication related documents had full understanding of the the clients' condition, medication, side effects, and rights as dictated by the facility's policy.	W 124			
W 148	483.420(c)(6) COMMUNICATION WITH CLIENTS, PARENTS &  The facility must notify promptly the client's parents or guardian of any significant incidents, or changes in the client's condition including, but not limited to, serious illness, accident, death, abuse, or unauthorized absence.  This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to provide documented evidence that	W 148	2. The governing body, with the Program Director in conjunction with the Quality Assurance Consultant will ensure that all the individuals parents/guardians/advocates are informed of all medications and their side effects, and that they have given consents for all treatments. Additionally the RN will make a follow up call to the parents/guardians/advocates to ensure that all their questions and concerns have been thoroughly answered.		9/5/07

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W 148	Continued From page 6 notification was provided to legally sanctioned advocates of any significant incidents, or changes in the client's condition.  The findings include:  1. Court records reflected that as of December 4, 2000, client #1 was assigned an Advocate. There was no evidence throughout the client's record to indicate that the Advocate had been informed of medications, consents, injuries, or treatments. There was no evidence that the advocate was notified of the following incidents, reviewed by the surveyor on July 12, 2007 at 9:30 AM: (1) 2/24/07-client #1 cut his head jumping and was seen at the emergency room; and (2) 4/14/07-during a behavioral episode, client #1 "banged his head" and the client was taken by the police to the psychiatric assessment program for further evaluation, 4/18/07-client #1 bent his finger back and staff had to restrain him for two minutes.  The Assistant Program Director/"Partial Acting Qualified Mental Retardation Professional" was unable to make reference to the Advocate being informed.  2. During review of records conducted on July 12, 2007 at 9:10 AM, a consent for medications form was reviewed for client #3. The consent had been signed by the client's mother on October 17, 2006. The document reflected that "some of the side effects: unknown to me-would like to receive information from Dr. concerning side effects". There was no evidence that the side effects had been explained to the mother signing the consent.	W 148  W 148  W 148	1. The QMRP will ensure that the individual's parents/guardians/advocates are notified of medications, consents, injuries or treatments and this procedure will be monitored by the Program Director and the Quality Assurance Consultant.  2. Following all signing of consent forms by the individual's parents/guardians/advocates the facility RN will make a follow-up call to ensure that all their questions and concerns have been thoroughly answered.	9/5/07  9/5/07
W 158	483.430 FACILITY STAFFING	W 158		

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W 158	Continued From page 7 The facility must ensure that specific facility staffing requirements are met.  This CONDITION is not met as evidenced by: Based on observations, staff interviews, and record review, the facility failed to ensure that each client's active treatment program was integrated, coordinated and monitored by the Qualified Mental Retardation Professional (QMRP) [See W159]; and failed to ensure staff were adequately trained on appropriately implementing inactive treatment program and behavior interventions [See W189 and W191].  The effects of these systemic practices results in the facility's failure to provide adequate staffing to ensure active treatment supports. 483.430(a) QUALIFIED MENTAL RETARDATION PROFESSIONAL  Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional.	W 158	The governing body and management of MarJul Homes has implemented more controls to ensure a more rigorous monitoring of the provision of continuous learning opportunities as follows: 1) Case Review—1 <sup>st</sup> & 3 <sup>RD</sup> Tuesday of each month 2) QA Consultant a) record review b) monthly analysis of active treatment Additionally, staff will receive continuous training of all IPP's on shift and will be monitored by the QMRP with oversight by the QA consultant. See attachment # 17	8/21/07
W 159	This STANDARD is not met as evidenced by: Based on observations, interviews with clients, <del>staff, and the Qualified Mental Retardation</del> Professional (QMRP), the QMRP failed to ensure that client's active treatment program to include interventions were established, integrated, coordinated and monitored; failed to ensure the protection of clients' rights for three of three clients in the sample.  The findings include:  1. The QMRP failed to ensure that clients	W 159	1. All IPP's will be under <del>continuous</del> review by the QMRP and revised as needed. Additionally at the Case Review held on the 1 <sup>st</sup> & 3 <sup>RD</sup> Tuesday of each month all IPP's will be reviewed.	8/21/07



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W 159	Continued From page 8 received continuous active treatment services. [Refer to W196, W249]	W 159	2. See W159 #1		
W 189	483.430(e)(1) STAFF TRAINING PROGRAM  The facility must provide each employee with initial and continuing training that enables the employee to perform his or her duties effectively, efficiently, and competently.  This STANDARD is not met as evidenced by: Based on review of the training record, the facility failed to provide documented evidence of staff training to ensure competency in performing their job duties.  The finding includes:  During the dinner meal on July 12, 2007 between 6:00 PM and 6:05 PM, client #1 repeatedly hit himself (more than seven times) with both fists near the side and temple areas of his head. According to the Behavioral Support Plan (BSP), <del>when the client "refuses to calm down and or</del> discuss his problem and begins to injure himself despite staff directives to cease; staff should use least to most restrictive physical control techniques of behavioral principles and strategies." The BSP further reflected that the program nurse should be notified after all occurrences of self injurious behaviors. During the behavior episodes, the staff was observed to occasionally (seven hits to three directives) direct client #1 to disengage in the behavior.	W 189	The Psychologist has trained the QMRP to train and ensure that staff are correctly implementing the individuals BSP. Additionally, the psychologist will train all staff twice per year on all BSP's. See attachment # 8		8/15/07

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W 189	Continued From page 9	W 189			
W 191	<p>Although a LPN was observed at the facility during the behavior episode, the nurse did not examine the client after the incident. Review of the training records failed to reflect that staff including the LPN, had been trained on the implementation and documentation of the client behavior management. Review of the behavior data collection on the following day (July 13, 2007 at 10:30 AM) failed to reflect the incident/behavior.</p> <p><b>483.430(e)(2) STAFF TRAINING PROGRAM</b></p> <p>View in-service training as a dynamic growth process. It is predicated on the view that all levels of staff can share competencies which enable the individual to benefit from the consistent, wide-spread application of the interventions required by the individual's particular needs.</p> <p>In the final analysis, the adequacy of the in-service training program is measured in the demonstrated competencies of all levels of staff relevant to the individual's unique needs as well as in terms of the "affective" characteristics of the caregivers and the personal quality of their relationships with the individuals. Observe the staff's knowledge by observing the outcomes of good transdisciplinary staff development (i.e., in the principles of active treatment) in such recommended competencies as:</p> <ul style="list-style-type: none"> <li>Respect, dignity, and positive regard for individuals (e.g., how staff refers to individuals, refer to W150);</li> <li>Use of behavioral principles in training interactions between staff and individuals;</li> </ul>	W 191	See W189		

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W 191	Continued From page 10  <ul style="list-style-type: none"> <li>Use of developmental programming principles and techniques, e.g., functional training techniques, task analysis, and effective data keeping procedures;</li> <li>Use of accurate procedures regarding abuse detection and prevention, restraints, medications, individual safety, emergencies, etc.;</li> <li>Use of adaptive mobility and augmentative communication devices and systems to help individuals achieve independence in basic self-help skills; and</li> <li>Use of positive behavior intervention programming.</li> </ul> <p>§483.430(e)(2) Probes</p> <p>Does the staff training program reflect the basic needs of the individuals served within the program?</p> <p>Does observation of staff interactions with individuals reveal that staff know how to alter their own behaviors to match needs and learning style of individuals served?</p>	W 191			
	For employees who work with clients, training must focus on skills and competencies directed toward clients' behavioral needs.  This STANDARD is not met as evidenced by: Based on observation and record review, the facility failed to effectively trained direct care staff on client #1's behavior strategies.				

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W 191	Continued From page 11  The finding includes:  During the dinner meal on July 12, 2007 at approximately 6:00 PM, between 6:00 PM and 6:05 PM, client #1 repeatedly hit himself (more than seven times) with both fists near the side and temple areas of his head. According to the Behavioral Support Plan (BSP), when the client "... refuses to calm down and or discuss his problem and begins to injure himself despite staff directives to cease; staff should use least to most restrictive physical control techniques of behavioral principles and strategies." The BSP further reflected that the program nurse should be notified after all occurrences of self injurious behaviors. During the behavior episodes, the staff was observed to occasionally (seven hits to three directives) direct client #1 to disengage in the behavior.	W 191			
W 195	<b>483.440 ACTIVE TREATMENT SERVICES</b>  The facility must ensure that specific active treatment services requirements are met.  This CONDITION is not met as evidenced by: <del>Based on observations, interviews, and record</del> review, the facility failed to provide clients' with continuous active treatment [Refer to W196 and 249]; failed to revise programs/objectives as needed [Refer to W257]; and failed to ensure that the policies of the facility were implemented to ensure the protection of clients rights [Refer to W264].  The cumulative effect of these systemic practices results in the failure of the facility to	W 195			

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W 195	Continued From page 12	W 195	See W196, W249, W257, W264	
W 196	483.440(a)(1) ACTIVE TREATMENT  Each client must receive a continuous active treatment program, which includes aggressive, consistent implementation of a program of specialized and generic training, treatment, health services and related services described in this subpart, that is directed toward: (i) The acquisition of the behaviors necessary for the client to function with as much self determination and independence as possible; and (ii) The prevention or deceleration of regression or loss of current optimal functional status.  This STANDARD is not met as evidenced by: Based on observation, staff interviews and record review, the facility failed to ensure that clients #1 and #2 were provided the opportunities for continuous active treatment in accordance with their individual program plans (IPPs).  The findings include:  1. Client #1's IPP was reviewed on July 13, 2007 at approximately 7:25 PM. The documentation of	W 196	1. Management has implemented monthly staff meetings to ensure continuous staff training of all IPP's. Additionally the QMRP will conduct a weekly record review of all IPP's and will write a corresponding weekly note to ensure proper analysis of the individuals progress. Furthermore, The home supervisor will perform a daily review to ensure data is being documented.	8/21/07
	program data was also reviewed. It was revealed through this review that client #1 had a program to use public transportation once bi-weekly independently upon request. The documentation reflected that client #1 used the public transportation on January 6, 2007, March 31, 2007, and September 30, 2006. There was no data for April, June, and July 2007. For May 2007, the data reflected that client #1 had engaged in the objective once for the month.			

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W 196	<p>Continued From page 14</p> <p>staff stated that client #2 had a picture book of items and a communication device. Neither the picture book nor the communication device were observed being used by the client during the survey.</p> <p>b. A staff, who was interview on July 13, 2007 at 6:15 PM, indicated that client #2 "was totally unresponsive to the communicative device. The Coordinator interviewed on July 16, 2007 at 5:45 PM stated that a visit would be made to the day program because the client did not participate with the device while at the facility. The documentation at the facility reflected 98% disengagement with the device. Client #2's IPP did include an objective for the client to use his communicative device to name two different items at any given time with total guidance.</p> <p>The day program staff who was interviewed on July 13, 2007 at 10:00 AM indicated that client #2 was "doing well with his low tech language device for identifying items." It was stated that the client performs at 100% for locating and identifying beverages. It was further stated that when the client stands and the instructor signs bathroom he goes. Reportedly, client #2 utilized some signs with verbal prompts.</p>	W 196	<p>2b. The QMRP will perform regular day program observations at least once monthly to encourage communication between the individuals' day program and their residence. See attachment # 10</p>		8/31/07
	<p>It could not be determined that client #2's speech and language needs were being addressed in a manner that would allow him the full benefit of similar communicative efforts between the two programs.</p> <p>There was no evidence that client #2 was encouraged to engage with the communicative device as it was not made available to him at the facility during the survey on three days. The</p>				

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W 196	Continued From page 15 device had been out for repairs and arrive back to the facility until July 12, 2007 at approximately 2:00 PM.	W 196	<u>3. See W196 #1</u>		
W 209	483.440(c)(2) INDIVIDUAL PROGRAM PLAN  Participation by the client, his or her parent (if the client is a minor), or the client's legal guardian is required unless the participation is unobtainable or inappropriate.  This STANDARD is not met as evidenced by: Based on interview and review of meeting attendance records the facility failed to ensure that participation of the client's legally sanctioned advocate had been informed of Individual Support Plan (ISP) meetings.  The finding includes:  Courts records reflected that as of December 4, 2000, client #1 was assigned an Advocate. There was no evidence throughout the client's record to indicate that the Advocate had been informed of medications, consents, injuries, or treatments. There was no evidence that client #1's legal Advocate had been informed of the following individual support plan meetings, review	W 209	The QMRP will ensure that all parents/guardians/advocates are informed of medications, consents, injuries, and treatments. The QMRP will address a letter to each individual's circle of support to inform them of the individuals ISP and quarterly meetings, and all psychotropic medication reviews. The Program Director and the QA Consultant will oversee this operation to ensure that these letters have been sent. See attachment # 11.	8/27/07	



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W 209	Continued From page 16 meetings, or psychotropic review meetings.  The Coordinator/"Partial Acting Qualified Mental Retardation Professional" did not provide information on the advocate's involvement/participation in client's habilitation. Further, the QMRP was unable to identify the facility's system on notifying legally sanctioned Advocates.	W 209			
W 214	483.440(c)(3)(iii) INDIVIDUAL PROGRAM PLAN  The comprehensive functional assessment must identify the client's specific developmental and behavioral management needs.  This STANDARD is not met as evidenced by: Based on observation, interview, and review of medical records, the facility failed to ensure that comprehensive functional assessments were conducted for one of three clients in the sample.  The findings include:  1. During the observation of the medication administration conducted on July 12, 2007, starting at 7:00 PM, client #1 administered Risperdal 3 mg, Naltrexone 100mg, and Lithium 600 mg. According to the psychotropic medication review documents and the physician's orders reviewed on July 13, 2007, at 4:45 PM, client #1 was also prescribed morning medications to include, Prozac 60 mg., Risperdal 2 mg, Revia 100 mg, and Cogentin 5 mg. Although the record identified that monthly reviews were conducted by the facility's Psychiatrist, there was no evidence that client # 1 had been provided a psychiatric assessment to determine the clinical diagnoses to support the use of the prescribed psychotropic	W 214	1. The program director has coordinated with the <i>Psychiatrist</i> a schedule by which all psychiatric evaluations will be completed, these assessments will be done annually on the individuals ISP date. See attachment # 12.	8/23/07	
		W 214	2. The QMRP trained at the staff meeting on the importance of offering individual's choices and encouraging the individuals to identify their preferences. See attachment # 13. Additionally the Home Supervisor will conduct an in service to further educate the staff on how to effectively honor individuals' choices and encourage the individuals to identify their preferences. See attachment # 14.	8/15/07	

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W 214	Continued From page 17 medications.	W 214		
W 247	<p>2. The review of client #1's individual program plans on July 13, 2007 at 7:25 PM revealed that the client had a program to prepare his budget. The client's quarterly review dated February 8, 2007 was reviewed on July 12, 2007 at 5:10 PM. This review reflected that the client's status of the program was "poor" and was to be revised. There was no further assessment provided and the client's record did not include a comprehensive money management/financial assessment.</p> <p>483.440(c)(6)(vi) INDIVIDUAL PROGRAM PLAN</p> <p>The individual program plan must include opportunities for client choice and self-management.</p> <p>This STANDARD is not met as evidenced by: Based on observation, the facility failed to ensure that clients (#1, #2, and #3) were provided the opportunities for making choices as part of their self-management.</p> <p>The findings include:</p> <p>1. During observation at the facility conducted on July 12, 2007, clients #1, #2, #3 were not encouraged to identify their preferences or to communicate their choices.</p> <p>a. Clients arrived at the facility at approximately 3:45 PM and were given snack. Although the clients accepted and ate the snacks provided, there were no choices presented to encourage the clients to identify their preferences.</p> <p>b. On July 12, 2007 clients were observed in the</p>	W 247	<p>1. See W214 #2</p> <p>1b. See W214 #2</p> <p>2. See W214 #2</p>	

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W 247	Continued From page 18 TV room. The staff did not encourage the clients to select a TV show.	W 247			
W 249	2. According to client #2's individual program plan (IPP), reviewed on July 13, 2007 at 12:35 PM, the client had an objective to exercise for 30 minutes (activity of his choice) with verbal prompting. On July 12, 2007, the staff directed the client to ride his bicycle, which he rode for 10 minutes. The client was not provided choices of activities.  <b>483.440(d)(1) PROGRAM IMPLEMENTATION</b>  As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.  This STANDARD is not met as evidenced by: Based on observation, staff interviews and record review, the facility failed to ensure that clients were provided the opportunities for continuous active treatment in accordance with their individual program plans (IPPs).  The findings include:  1. The facility failed to ensure that programs attained by the client [#2] had been revised to challenge and to provide continuous opportunities for learning. [Refer to W255]  2. The facility failed to ensure continuous active	W 249	1. See W158, W159, W196 #1  2. See W158, W159		

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W 249	<p>Continued From page 19</p> <p>treatment by not revision programs after clients failed to progress. [Refer to W257]</p> <p>3. The facility failed to consistently provide opportunities for client #2 to be engaged. Out of the four hours of observation, client #2 was engaged for approximately one hour and fifteen minutes.</p> <p>3:00 PM - client arrive at the facility from day program. The client stood in the TV area until he was told to sit.</p> <p>4:17 PM - client was offered to watch TV or to look at a book. The client was not observed to make a choice; however, the TV was left on.</p> <p>4:35 PM- client sitting and looking towards the TV</p> <p>4:40 PM- client on exercise bike for six (6) minutes (had an objective for 30 minutes of exercises).</p> <p>5:25 PM- client sitting and looking towards the TV</p> <p>5:50 PM- client directed to wash his hands and model assistance was provided to soap his hands for 1 minutes.</p> <p>6:00 PM- dinner was served and the client ate independently. The client, with verbal prompting, left the table and independently rinsed his dishes.</p> <p>6:35 PM- staff placed on the table a matching game and bingo. Client was given the bingo card and chips. His participation was with verbal prompting, gestural prompting and physical assistance. Client #2 did not keep attention to this table game.</p>	W 249	<p>3. The QMRP will train all staff on how to actively engage each individuals as a part of active treatment. The training will take the form of an in service entitled Continuous Active Treatment. See attachment # 18.</p>	5/24/07

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W 249	<p>Continued From page 20</p> <p>7:00- client #2 participated in the administration of his medications.</p> <p>7:55- after the medication pass, client #2 was not offered or encouraged to participate in any activity.</p> <p>According to client #2's behavioral support plan (BSP) that was reviewed on July 13, 2007 at 12:35 PM, the client "should be engaged in a variety of daily living skills and recreational/leisure activities to alleviate boredom and increase his self esteem by involving him in activities that he is able to successfully do." There were no persistent or consistent aggressive opportunities to maintain engagement for client #2 during this observation.</p> <p>4. According to client #2's IPP reviewed on July 13, 2007, at 12:35 PM, the client had an objective that read "will use his communications device to name two different items at any given time with total guidance. In spite of the opportunities, this device was not made available and the objective was not implemented on July 12 or 13, 2007.</p> <p>5. According to client #2's IPP, reviewed on July 13, 2007, at 12:35 PM, the client had an objective that read "will exercise for 30 minutes doing an activity of his choice that elevates his heart rate with verbal prompting." During observation on July 12, 2007, client #2 use the exercise bicycle, however, for only five minutes. Staff interview conducted on July 12, 2007 at 11:40 AM revealed that the client will participate for 15 to 20 minutes; however, during this observation the client was not encouraged to meet the criterion of the objective.</p>	W 249	<p>4. See W158, W159, W196 #1</p> <p>5. See W158, W159, W196 #1</p>		

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W 249	Continued From page 21  6. An objective to have client #2 "respond to others by making eye contact for five seconds independently upon request" was included in Client #2's IPP. The instructions read "the trainer should engage client in a conversation with themselves or another preter while encouraging him to make eye contact with the person he is conversing with". Although there were various opportunities to implement this objective, it was not implemented during the observation on July 12, 2007 from 3:00 PM to 7:30 PM.  7. According to client #3's IPP dated March 29, 2007 that was reviewed on July 13, 2007 at 4:50 PM, the client had a program to assist in preparing a meal according to his dietary needs with close staff supervision once weekly. April, May, and June's data reflected that the client performed primarily at the verbal prompt level. During three days of observation, client #3 did not assist with cooking meals. Staff were observed in the kitchen preparing meals without any clients' participation.	W 249	6. See W158, W159, W196 #1 7. See W158, W159, W196 #1		
W 257	483.440(f)(1)(iii) PROGRAM MONITORING & CHANGE  The individual program plan must be reviewed at least by the qualified mental retardation professional and revised as necessary, including, but not limited to situations in which the client is failing to progress toward identified objectives after reasonable efforts have been made.  This STANDARD is not met as evidenced by: Based on interview with the direct care staff at the facility and review of client's individual program plan (IPP), documentation of progress, and review of the Qualified Mental Retardation Professional	W 257			

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W 257	Continued From page 22 (QMRP) notes, the facility failed to ensure that objective criteria that had not been attained by clients [#3] had been considered for revision to increase the success for the clients.  The finding includes:  1. According to client #3's IPP, he had an objective that read "Will receive correct change after a transaction of less than \$1.00 independently with supervision twice a week for 3 consecutive months. The client's individual support plan meeting was held March 29, 2007. Review of the program data on July 13, 2007 at 4:50 PM revealed that client #3 performed 75% to 100% of the time with verbal prompting and 25% independently.  2. Client #3's IPP reflected an objective to "write his home address with the help of a cue card with one verbal prompt twice a week for 3 consecutive months. The program data reviewed on July 13, 2007 at 4:50 PM revealed that the client performed below criterion from March 2007 to June 2007 at the total guidance level. During program observation on July 12, 2007, the Client required verbal and model assistance to perform the program.	W 257	1. See W158, W159, W196 #1 2. See W158, W159, W196 #1	
W 264	483.440(f)(3)(iii) PROGRAM MONITORING & CHANGE  The committee should review, monitor and make suggestions to the facility about its practices and programs as they relate to drug usage, physical restraints, time-out rooms, application of painful or noxious stimuli, control of inappropriate behavior, protection of client rights and funds, and any other areas that the committee believes need to be addressed.	W 264		

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W 264	<p>Continued From page 23</p> <p>This STANDARD is not met as evidenced by: Based on facility policy, review of consents, and human rights meeting minutes, the facility failed to ensure that the policies of the facility were implemented to ensure the protection of clients rights.</p> <p>The findings include:</p> <p>1. According to facility policy that was reviewed on July 13, 2007 at 3:45 PM, "informed consent by the person and/or guardian for administration of the medication shall be obtained and documented on a form that lists justification for the use of the medication". . . The major potential side effects shall be listed on the consent form in non technical terms."</p> <p>Review of client #2's medical record conducted on July 12, 2007 at 12:55 PM, revealed a signed consent form for medications. Staff indicated that the client's mother signed the consent. The form reflected "see attachments". There was no attachments and the document did not identify the medications. The Human Rights Committee failed to ensure that the person signing the medication consent was aware of the the clients' condition, medication, side effects, and rights as required by the facility's policy.</p> <p>2. During review of records conducted on July 12, 2007 at 9:10 AM, a consent for medications form was reviewed for client #3. The consent had been signed by the mother on October 17, 2006. The document reflected that "some of the side effects: unknown to me-would like to receive</p>	W 264	<p>The human rights committee will ensure that the person signing the medication/ BSP consent is aware of the individual's condition, medication, side effects and rights. The drug side effects report from the pharmacy will be attached to the consent along with the BSP. And the person signing the consent form will be able ask questions to the psychologist and the <u>LPN</u> who are members of the committee and will be present at the meeting.</p>		8/23/07



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NAME OF PROVIDER OR SUPPLIER

**MARJUL HOMES**

STREET ADDRESS, CITY, STATE, ZIP CODE  
**4910 ARKANSAS AVENUE, NW  
WASHINGTON, DC 20012**

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W 264	Continued From page 24	W 264		
W 289	<p>information from Dr. concerning side effects. There was no evidence that the side effects had been explained to the mother signing the consent. The Human Rights Committee failed to ensure that the person responsible for signing medication related documents had full understanding of the the clients' condition, medication, side effects, and rights as dictated by the facility's policy.</p> <p><b>483.450(b)(4) MGMT OF INAPPROPRIATE CLIENT BEHAVIOR</b></p> <p>The use of systematic interventions to manage inappropriate client behavior must be incorporated into the client's individual program plan, in accordance with §483.440(c)(4) and (5) of this subpart.</p> <p>This STANDARD is not met as evidenced by: Based on review of clients behavioral support plans, the the facility failed to ensure that the use of behavioral control medications had been approved by the Interdisciplinary Team and incorporated in the clients (#1, #2, and #3) ISPs.</p> <p>The findings include:</p> <p>1. On July 12, 2007 beginning at 7:00 PM, psychotropic medications were administered to Clients #1 (Risperdal 3 mg, Naltrexone 100mg, and Lithium 600 mg), Client #2 (Clonazepam 0.5 mg and Risperdal 2 mg) and Client #3 (Dilantin 100 mg, Clonidine HCL 2 mg, Risperdal 0.5 mg and Paxil 30 mg). Review of the clients behavioral support plans (BSPs) revealed that these medications were not included as part of the plan.</p>	W 289	<p>1. The psychologist will revise the BSP to incorporate all psychotropic medications. The BSP will be incorporated into the ISP which is approved by the individuals IDT.</p>	8/23/07

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W 289	Continued From page 25 2. It could not be determined that the use of sedatives to address behaviors during medical appointments for client #4 had been reviewed by the Interdisciplinary Team and incorporated in the client's individual support plan (ISP).  According to client #4's March 2007 physician's orders, Ativan had been discontinued as of February 19, 2007. The orders however reflected that the Ativan 3 mg was prescribed to sedate the client prior to an Audiology in January 2007. The MAR was signed as having been administered.  It should be mentioned that the review of medical charts for client #4 reflected that the client had been administered Ativan 2 mg on October 10, 2006 for an audiological appointment. The chart revealed however, that the client arrived late to the office and was not seen by the audiologist.	W 289	2. The psychologist will revise the BSP to incorporate the use of psychotropic medications. The BSP will be reviewed and approved by the HRC and incorporated into the ISP which is approved by the individuals IDT.	8/23/07
W 297	483.450(d)(1)(iii) PHYSICAL RESTRAINTS  The facility may employ physical restraint as a health-related protection prescribed by a physician, but only if absolutely necessary during the conduct of a specific medical or surgical procedure, or only if absolutely necessary for client protection during the time that a medical condition exists.  This STANDARD is not met as evidenced by: Based on staff interview and record review, the facility failed to demonstrate that sedation were used only when absolutely necessary for client protection during the time that a medical condition exists for client #2 in the sample.  The finding includes:	W 297	The Staff will be trained by the QMRP in conjunction with the psychologist on how to correctly implement and document the desensitization plan which is part of the BSP.	8/25/07

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W 297	Continued From page 26 According to client #2's physician's order for June 2007 that was reviewed on July 12, 2007 at 2:19 PM, the client was prescribed Ativan 4 mg one hour prior to an ophthalmology appointment on June 11, 2207. Records revealed that the client was prescribed the same dosage for a laboratory visit on June 29, 2007. Nursing notation read at 2:19 PM confirmed that these appointments were attended under sedation. The nursing staff identified that "sedatives were effective". During an interview on July 16, 2007 at 5:20 PM neither the LPN, who also serves as the "shift supervisor", nor the Coordinator/Partial Acting Qualified Mental Retardation Professional could identify/recall the lesser intrusive measures used prior to the use of the sedation.	W 297			
W 316	483.450(e)(4)(ii) DRUG USAGE  Drugs used for control of inappropriate behavior must be gradually withdrawn at least annually.  This STANDARD is not met as evidenced by: Based on review of psychotropic medication review documents and physician orders, and staff interviews the facility failed to attempt to decrease the psychotropic medications for one of three clients (#2) in the sample.  The finding includes:  During the medication administration that was observed on July 12, 2007 at 7:10 PM, client #2 was administered Clonazepam 0.5 mg and Risperdal 2 mg. The LPN, interviewed on July 12, 2007 at 11:40 AM, indicated that client #2 had not presented any behavioral episodes and she could not recall the last episode. Another staff, interviewed on July 13, 2007 at 6:15 PM,	W 316			

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W 316	Continued From page 27 indicated that client #2 "has not had too many episodes, very infrequent". The day program staff, interviewed on July 13, 2007 at 10:00 AM, stated he/she could not recall the client displaying his targeted behavior. The behavioral documentation from August 2006 to June 2007, reviewed on July 13, 2007 at 6:20 PM, reflected that client #2 had exhibited four incidents of his targeted behavior of physical aggression.  The facility's policy on psychotropic medications was reviewed on July 13, 2007 at 3:35 PM. The policy reflected that "for individuals receiving medications for a prolonged period of time, it is often necessary to make a systematic and carefully monitored attempt to reduce and/or discontinue medications in order to know if they are necessary and appropriate."	W 316	The QMRP will ensure that the topic of an attempt at decreasing the psychotropic medications will be discussed with the psychologist and the psychiatrist at the next psychotropic medication review on August 23 at 1PM.	8/23/07
W 322	483.460(a)(3) PHYSICIAN SERVICES  The facility must provide or obtain preventive and general medical care.  This STANDARD is not met as evidenced by: Based on medical record review, the facility failed to ensure medical preventive and general medical care through timely appointments and follow up for two of three clients in the primary sample.  The finding includes:  1. During the medication administration that was observed on July 12, 2007 at 7:10 PM, client #2	W 322	1. The Case Review will ensure that all medical appointments, follow ups, and tests (labs/x- ray's) are completed in the stated time frame by the physician or clinic.	8/21/07

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W 322	Continued From page 28 administered Clonazepam 0.5 mg and Risperdal 2 mg. The physician's orders (POS) were reviewed on July 12, 2007 at approximately 2:00 PM. The POS identified the need for fasting blood sugar levels, complete metabolic profile (CMP), prolactin levels every six months, and lipid profile every three months. At the time of the survey, there was no documented evidence that these studies had been conducted since July 2006.	W 322	2. The Case Review will ensure that all medical appointments, follow ups, and tests (labs/x- ray's) are completed in the stated time frame by the physician or clinic.		8/21/07
W 331	483.460(c) NURSING SERVICES  The facility must provide clients with nursing services in accordance with their needs.  This STANDARD is not met as evidenced by: Based on observation, interviews, and record review, the facility failed to ensure that nursing services were provided in accordance with clients needs for two of three clients in the sample (#2, #3).  The findings include:  1. During the medication administration that was observed on July 12, 2007 at 7:10 PM, client #2 administered Clonazepam 0.5 mg and Risperdal 2 mg. The physician's orders (POS) were reviewed on July 12, 2007 at approximately 2:00 PM. The POS identified the need for fasting blood sugar levels, complete metabolic profile (CMP),	W 331	1. See W322 2. See W322		

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W 331	Continued From page 29 prolactin levels every six months, and lipid profile every three months. At the time of the survey, there was no documented evidence that these studies had been conducted since July 2006.  2. According to the review of Client 3's medical records, conducted on July 12, 2007 at 2:26 PM, the client had a biopsy performed in May 2006. The record revealed that the client had polyps, however the results of the biopsy was not apart of the client's records.  3. According to the nursing assessment dated April 28, 2007, client #3 was seen for a colonoscopy in June 2006 and was required to return in one year. At the time of the survey, client #3 had not returned to have the testing conducted.	W 331	3. See W322		
W 338	483.460(c)(3)(v) NURSING SERVICES  Nursing services must include, for those clients certified as not needing a medical care plan, a review of their health status which must result in any necessary action (including referral to a physician to address client health problems).  This STANDARD is not met as evidenced by: Based on staff interview and record review, the facility's nursing services failed to ensure timely follow-up on referrals in accordance with the needs of two of the two clients in the sample. (Client #3)  The findings include:  According to the review of Client 3's medical records, conducted on July 12, 2007 at 2:26 PM, the client had a biopsy performed in May 2006.	W 338	See W322		

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W 338	Continued From page 30	W 338		
W 441	<p>The record revealed that the client had polyps, however the results of the biopsy was not apart of the client's records.</p> <p><b>483.470(i)(1) EVACUATION DRILLS</b></p> <p>The facility must hold evacuation drills under varied conditions.</p> <p>This STANDARD is not met as evidenced by: Based on the review of fire drill records the facility failed to ensure that clients in the facility had been trained and supported to evacuate the facility during general sleep hours.</p> <p>The finding includes:</p> <p>The facility's fire drill log was reviewed on June 13, 2007 at 5:50 PM. The period of July 2006 to July 2007 was reviewed. There was no evidence that during this period that the facility complied with training and assisting clients during all shifts. There were no documented drills during periods when clients were likely asleep during the night/early morning.</p>	W 441	<p>The fire drill schedule has been revised and will be implemented by the Home Supervisor and will be checked regularly by the QA Consultant. See Attachment #19.</p>	

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1 000	<b>INITIAL COMMENTS</b>  This licensure survey was conducted from July 12, 13, and 16, 2007. The survey was initiated using the fundamental survey process; however, it was determined that an extended and later a full survey process should be implemented. A random sample of three clients was selected from a residential population of six males. One client in the sample had diagnoses of profound mental retardation, one with mild mental retardation, and the third client was diagnosed with severe mental retardation. These three clients had been prescribed psychotropic medications. The clients in this facility had limited to no skills in verbal communications.  The findings of this survey based on observations at the residence and day program, staff interviews at both the group home and day program, review of clinical and administrative records to include the facility's unusual incident reports and policies.	1 000			
1 056	<b>3502.14 MEAL SERVICE / DINING AREAS</b>  Each GHMRP shall train staff in the storage, preparation and serving of food, the cleaning and care of equipment, and food preparation in order to maintain sanitary conditions at all times.  This Statute is not met as evidenced by: The finding includes:  Staff files were and trainings were reviewed on July 16, 2007 at 5:15 PM. The "Acting Qualified Mental Retardation Professional" stated that the facility was working on getting food service training for staff; however, at the time of the survey, there were no certified food handlers.	1 056	The Program Director has scheduled a Food Handlers Training for staff which will take place on September 5 <sup>th</sup> , 2007. Once the training has been completed the Office Manager will ensure that all staff keep their Food Handlers Training license current.	9/5/07	

Health Regulation Administration

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6899

PZ6811

TITLE

ADMINISTRATOR 8-20-07

(X18) DATE

If continuation sheet 1 of 22



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I 082	Continued From page 1	I 082		
I 082	<p><b>3503.10 BEDROOMS AND BATHROOMS</b></p> <p>Each bathroom that is used by residents shall be equipped with toilet tissue, a paper towel and cup dispenser, soap for hand washing, a mirror and adequate lighting.</p> <p>This Statute is not met as evidenced by: The finding includes:</p> <p>During the survey on each day July 12, 13, and 16, paper towels and soap were missing from the bathroom. On July 12, 2007, staff retrieved soap from the kitchen for the surveyor and then placed the soap back in the kitchen. Paper towels were also bought to the surveyor. Staff interview on July 13, 2007 at 6:10 PM revealed that there were clients who would inappropriately use the items. There was no evidence that any client was being trained to appropriately use the soap and paper towels.</p>	I 082	<p>The home supervisor will ensure that all bathrooms are equipped with the appropriate toiletries and kitchens have soap for hand washing and paper towels. Additionally, all team leaders will be held responsible for making sure that all bathrooms are equipped with the appropriate toiletries and kitchens have soap for hand washing and paper towels for each shift.</p>	8/15/07
I 090	<p><b>3504.1 HOUSEKEEPING</b></p> <p>The interior and exterior of each GHMRP shall be maintained in a safe, clean, orderly, attractive, and sanitary manner and be free of accumulations of dirt, rubbish, and objectionable odors.</p> <p>This Statute is not met as evidenced by: The finding includes:</p> <p>1. During the environmental inspection conducted on July 13, 2007 at 7:30 PM, it was noticed that the bottom step of the stairwell located on the side of the facility had protruding nails and the step was not secured.</p>	I 090	<p>1. The protruding nail has been removed and loose stair has been secured.</p>	8/2/07

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I 090	Continued From page 2  2. On the day of the environmental inspection, there was bulk trash laid in the backyard. The Acting Qualified Mental Retardation Professional stated on July 16, 2007 that preparation to remove the items was being made; however, the items had not been removed during the survey.	I 090	2. The facility engaged a private vendor to remove the bulk trash.	8/2/07	
I 135	3505.5 FIRE SAFETY  Each GHMRP shall conduct simulated fire drills in order to test the effectiveness of the plan at least four (4) times a year for each shift.  This Statute is not met as evidenced by: The finding includes:  The facility's fire drill log was reviewed on June 13, 2007 at 5:50 PM. The period of July 2006 to July 2007 was reviewed. There was no evidence that during this period that the facility complied with training and assisting clients during all shifts. There were no documented drills during periods when clients were likely asleep during the night/early morning.	I 135	See W441		
I 160	3507.1 POLICIES AND PROCEDURES  Each GHMRP shall have on site a written manual describing the policies and procedures it will follow which shall be as detailed as is necessary to meet the needs of each resident served and provide guidance to each staff member.  This Statute is not met as evidenced by: The finding includes:  1. The facility's incident management policy	I 160	1. See W104		

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I 160	<p>Continued From page 3</p> <p>reviewed at 11:16 AM on July 12, 2007, failed to identify who the Administrator to be notified of all incidents was or when the incident should be reported to the Administrator as referenced to in the federal regulation (W153). The policy stated that for "serious reportables the supervisor (immediate)" was to be inform and this person was responsible for the investigations". The policy does not reflect that each of these immediate supervisors were considered the Administrator (s).</p> <p>2. According to facility policy that was reviewed on July 13, 2007 at 3:45 PM, "informed consent by the person and/or guardian for administration of the medication shall be obtained and documented on a form that lists justification for the use of the medication". "The major potential side effects shall be listed on the consent form in non technical terms.</p> <p>Review of client #2's medical record conducted on July 12, 2007 at 12:55 PM, a consent form for medications was observed that had been signed. Staff indicated that the person was client #2's mother. The document reflected "see attachments". There was no attachments and the document did not include the medication, did effects, or purpose. The Human Rights Committee failed to ensure that the person responsible for signing medication related documents had full understanding of the the clients' condition, medication, side effects, and rights as dictated by the facility's policy</p> <p>3. During the medication administration that was observed on July 12, 2007 at 7:10 PM, client #2 administered Clonazepam .5 mg and Risperdal 2 mg.</p> <p>The LPN interviewed on July 12, 2007 at 11:40 AM indicated that client #2 had not presented any</p>	I 160	<p>2. See W209 &amp; W264</p>		
		I 160	<p>3. See W 316</p>		

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/26/2007  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>09G145</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>07/13/2007</b>
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W 196	<p>Continued From page 14</p> <p>staff stated that client #2 had a picture book of items and a communication device. Neither the picture book nor the communication device were observed being used by the client during the survey.</p> <p>b. A staff, who was interview on July 13, 2007 at 6:15 PM, indicated that client #2 "was totally unresponsive to the communicative device. The Coordinator interviewed on July 16, 2007 at 5:45 PM stated that a visit would be made to the day program because the client did not participate with the device while at the facility. The documentation at the facility reflected 98% disengagement with the device. Client #2's IPP did include an objective for the client to use his communicative device to name two different items at any given time with total guidance.</p> <p>The day program staff who was interviewed on July 13, 2007 at 10:00 AM indicated that client #2 was "doing well with his low tech language device for identifying items." It was stated that the client performs at 100% for locating and identifying beverages. It was further stated that when the client stands and the instructor signs bathroom he goes. Reportedly, client #2 utilized some signs with verbal prompts.</p>	W 196	<p>2b. The QMRP will perform regular day program observations at least once monthly to encourage communication between the individuals' day program and their residence. See attachment # 10</p>	8/31/07
	<p>It could not be determined that client #2's speech and language needs were being addressed in a manner that would allow him the full benefit of similar communicative efforts between the two programs.</p> <p>There was no evidence that client #2 was encouraged to engage with the communicative device as it was not made available to him at the facility during the survey on three days. The</p>			

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I 206	Continued From page 5  1. During personnel record review conducted on July 16, 2007 at 4:20 PM, it was revealed that one employee had a pending status dated November 27, 2006 for Hepatitis B status.  2. During personnel record review conducted on July 16, 2007 at 4:20 PM, eight staff files did not contain a current physical examination.	I 206	2. The home supervisor will inform all staff that they are required to have an annual physical in order to work in the facility. All staff will have a current physical examination on file and any staff that are unable to produce one will be suspended without pay until they are able to produce one. See attachment #15.	8/29/07	
I 209	3509.9(a) PERSONNEL POLICIES  Each GHMRP shall obtain employment references on each employee and no GHMRP shall employ an individual who has a history of the following:  (a) Child or resident abuse or abuse of someone under his or her care and supervision;  This Statute is not met as evidenced by: The finding includes:  During personnel record review conducted on July 16, 2007 at 4:20 PM, it was revealed that five staff working at the facility failed to obtain police clearances from jurisdictions in which they had worked or resided in within seven years of their employment with the facility.	I 209	The home supervisor will inform all staff that they are required to obtain police clearance from the jurisdiction in which they have worked or resided in within seven years of their employment with the facility. All staff will have a police clearance on file and any staff that are unable to produce one will be suspended without pay until they are able to produce one.	8/29/07	
I 272	3513.1(c) ADMINISTRATIVE RECORDS  Each GHMRP shall maintain for each authorized agency's inspection, at any time, the following administrative records:  (c) Weekly staff schedules, including substitutions;	I 272	The Home Supervisor will that a monthly staff schedule is posted in the facility at all times. The Program Director will approve the schedule prior to it being posted in the facility. See Attachment #16	8/17/07	

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I 272	Continued From page 6  This Statute is not met as evidenced by: The finding includes:  A staffing schedule was not available in the facility on July 12, and July 13, 2007. The Acting Qualified Mental Retardation Professional arrive to the facility with a staffing schedule on July 16, 2007 at 3:30 PM.	I 272			
I 395	3520.2(e) PROFESSION SERVICES: GENERAL PROVISIONS  Each GHMRP shall have available qualified professional staff to carry out and monitor necessary professional interventions, in accordance with the goals and objectives of every individual habilitation plan, as determined to be necessary by the interdisciplinary team. The professional services may include, but not be limited to, those services provided by individuals trained, qualified, and licensed as required by District of Columbia law in the following disciplines or areas of services:  (e) Nursing;  This Statute is not met as evidenced by: The findings include:  1. During the medication administration that was observed on July 12, 2007 at 7:10 PM, client #2 administered Clonazepam .5 mg and Risperdal 2 mg. The client's physician order (PO) was reviewed on July 12, 2007 at approximately 2:00 PM. The PO reflected the medications taken in addition to fasting blood sugar, central metabolic profile (CMP), and prolactin levels every six months, and lipid profile every three months. At the time of the survey, there was no documented evidence that these studies had been conducted	I 395	1. See W 331 2. See W 331 3. See W 331		

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I 395	Continued From page 7  since July 2006. During interview with the LPN on July 13, 2007, at 4:00 PM, it was stated that the registered nurse (RN) takes the laboratory studies to the physician to have them signed. Another inquiry was made to the LPN on July 16, 2007 and still the results of studies as per the PO were not made available.  2. According to the medical review conducted on July 12, 2007 at 2:26 PM for client #3, the client had a biopsy performed in May 2006. The record revealed that the client did have polyps. There was no report available at the time of the survey.  3. According to the nursing assessment dated April 28, 2007, client #3 had been seen for an colonoscopy in June 2006 and was to return in one year. At the time of the survey, client #3 had not returned to have the testing conducted.	I 395			
I 401	<b>3520.3 PROFESSION SERVICES: GENERAL PROVISIONS</b>  Professional services shall include both diagnosis and evaluation, including identification of developmental levels and needs, treatment services, and services designed to prevent deterioration or further loss of function by the resident.  This Statute is not met as evidenced by: The findings include:  1. During the observation of the medication administration conducted on July 12, 2007, starting at 7:00 PM, client #1 administered Risperdal 3 mg, Naltrexone 100mg, and Lithium 600 mg. According to the psychotropic medication review documents and the physician's orders reviewed on July 13, 2007, at 4:45 PM,	I 401	<u>1. See W 214</u> <u>2. See W158 &amp; W159</u>		

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I 401	Continued From page 8  client #1 is also prescribed AM medications to include, Prozac 60 mg., Risperdal 2 mg, Revia 100 mg, and Cogentin 5 mg. Although the record identified that monthly reviews were conducted by the Psychiatrist, there was no evidence that client # 1 had been provided a psychiatric assessment to determine the clinical diagnoses to support the use of the prescribed medications.  2. The review of client #1's individual program plans on July 13, 2007 at 7:25 PM revealed that the client had a program to prepare his budget. The client's quarterly review dated February 8, 2007 was reviewed on July 12, 2007 at 5:10 PM. This review reflected that the client's status of the program was "poor" and was to be revised. There was no further assessment provided and the client's record did not include a financial assessment.	I 401			
I 408	3520.10(a) PROFESSION SERVICES: GENERAL PROVISIONS  Professional services personnel shall offer consultation and instruction as appropriate to the following:  (a) The resident ' s family; and...  This Statute is not met as evidenced by: During review of records conducted on July 12, 2007 at 9:10 AM, a consent for medications form was reviewed for client #3. The consent had been signed by the mother on October 17, 2006. The document reflected that "some of the side effects: unknown to me-would like to receive information from Dr. concerning side effects. There was no evidence that the side effects had been explained to the mother signing the consent. The facility failed to ensure that the	I 408	<u>See W209 &amp; W264</u>		



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I 408	Continued From page 9  person responsible for signing medication related documents had full understanding of the the clients' condition, medication, side effects, and rights as dictated by the facility's policy.	I 408						
I 422	<b>3521.3 HABILITATION AND TRAINING</b>  Each GHMRP shall provide habilitation, training and assistance to residents in accordance with the resident ' s Individual Habilitation Plan.  This Statute is not met as evidenced by: The findings include:  1. Client #1's IPP was reviewed on July 13, 2007 at approximately 7:25 PM. The documentation was also reviewed. It was revealed through this review that client #1 had a program to use public transportation once bi-weekly independently upon request. The documentation reflected that client #1 used the public transportation on January 6, 2007, March 31, 2007, and September 30, 2006. There was no data for April, June, and July 2007. For May 2007, the data reflected that client #1 had engaged in the objective once for the month.  2. The facility failed to provide consistent opportunities to use recommended methods of communications.  a. Client #2 was observed not using verbal communications, signs, or any communicative devices during the survey on July 12, 13, and 16 2007. Client #2's speech assessment dated two years ago (January 26, 2005) was conducted by the Speech Pathologist at the client's day program. This professional identified that client #2 had the following strengths: "following situational and commonly used social commands, making some needs known through	I 422	<table border="1"> <tr> <td>1. See W158, W159 &amp; W196 #1</td> </tr> <tr> <td>2. See 196 #2a</td> </tr> <tr> <td>2a. See 196 #2a and #2b</td> </tr> </table>		1. See W158, W159 & W196 #1	2. See 196 #2a	2a. See 196 #2a and #2b	
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I 422	<p>Continued From page 10</p> <p>the production of a few American sign language signs, and identifying and labelling a few pictures." The recommendations included: increase skills in sign language, labeling items, and following directions. It was also recommended that speech services in the residential setting be similar to the services provided at the day program.</p> <p>At the day program, clients participated in a daily sign language class and instructors were observed using "simple" signs (eat, drink, toilet, slow down,) to communicate. According to the day program instructor and the provided documentation, client #2 achieved signing bathroom , sit, wash/dry hands at the criterion of verbal/gestural prompting. No signing was implemented at the facility. Staff interviewed on July 13, 2007 at 6:15 PM stated that the facility had a book of signs and that client #1 helps the staff with signing.</p> <p>Staff interview on July 12, 2007 at 11:40 AM revealed that client #2 knows some signs and that staff can request client #1 to assist them. The staff stated that client #2 had a picture book of items and a communication device. Neither of these items were used at the facility during the survey for three days.</p> <p>b. A staff who was interview on July 13, 2007 at 6:15 PM indicated that client #2 "was totally unresponsive to the communicative device. The Coordinator interviewed on July 16, 2007 at 5:45 PM stated that a visit would be made to the day program because the client does not participate with the device while at the facility. The documentation at the facility reflected 98% disengagement with the device. Client #2's IPP does include an objective for the client to use his</p>	I 422	2b. See 196 #2a and #2b & W 158		

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I 422	<p>Continued From page 11</p> <p>communicative device to name two different items at any given time with total guidance.</p> <p>The day program staff who was interviewed on July 13, 2007 at 10:00 AM indicated that client #2 was "doing well with his low tech language device for identifying items." It was stated that the client performs at 100% for locating and identifying beverages. It was further stated that when the client stands and the instructor signs bathroom he goes. Reportedly, client #2 does complete some signs with a verbal prompt.</p> <p>It could not be determined that client #2's speech and language needs were being addressed in a manner that would allow him the full benefit of similar communicative efforts between the two programs.</p> <p>There was no evidence that client #2 was encouraged to engage with the communicative device as it was not made available to him at the facility during the survey on three days. The device had been out for repairs but did arrive at approximately 2:00 PM on July 12, 2007.</p> <p>3. According to Client #3's individual program plan dated March 29, 2007, the client had an objective that read "will travel to and from his pre-vocational site each Friday using public transportation with verbal prompts. The documentation reviewed on July 13, 2007 at 5:45 PM reflected that from March 2007 to July 2007 with the exception of one trial in May 2007, the client had no opportunities.</p> <p>4. The facility failed to ensure that programs attained by the client [#2] had been revised to challenge and to provide continuous opportunities for learning. [Refer to W255]</p>	I 422	<p>3. See W158, W159, &amp; W196 #1</p> <p>4. See W158, W159, &amp; W196 #1</p>	

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I 422	<p>Continued From page 12</p> <p>5. The facility failed to ensure continuous active treatment by not revision programs after clients failed to progress. [Refer to W257]</p> <p>6. The facility failed to consistently provide opportunities for client #2 to be engaged. Out of the four hours of observation, client #2 was engaged for approximately one hour and fifteen minutes.</p> <p>3:00 PM - client arrive at the facility from day program. The client stood in the TV area until he was told to sit.</p> <p>4:17 PM - client was offered to watch TV or to look at a book. The client was not observed to make a choice; however, the TV was left on.</p> <p>4:35 PM- client still sitting and looking towards the TV</p> <p>4:40 PM- client on exercise bike for six (6) minutes (had an objective for 30 minutes of exercises.</p> <p>5:25 PM- client still sitting and looking towards the TV</p> <p>5:50 PM- client directed to wash his hands and model assistance was provided to soap his hands for 1 minutes.</p> <p>6:00 PM- dinner was served and the client ate independently; the client left the table with verbal prompting and independently rinsed his dishes.</p> <p>6:35 PM- staff put out on the table a matching game and bingo. Client was given the bingo card and chips. His participation was with verbal</p>	I 422	<p>5. See W158, W159, &amp; W196 #1</p> <p>6. See W158, W159, &amp; W196 #1</p>		

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I 422	<p>Continued From page 13</p> <p>prompting, gestural prompting and physical assistance. Client #2 did not keep attention to this table game.</p> <p>7:00- client #2 participated in the administration of his medications.</p> <p>7:55- client #2 remained disengaged since the medication pass.</p> <p>According to client #2's behavioral support plan (BSP) that was reviewed on July 13, 2007 at 12:35 PM, the client "should be engaged in a variety of daily living skills and recreational/leisure activities to alleviate boredom and increase his self esteem by involving him in activities that he is able to successfully do." There were no persistent or consistent aggressive opportunities to maintain engagement for client #2 during this observation.</p> <p>7. According to client #2's IPP reviewed on July 13, 2007, at 12:35 PM, the client had an objective that read "will use his communications device to name two different items at any given time with total guidance. In spite of the opportunities, this device was not made available and this objective was not implemented on July 12 or 13, 2007.</p> <p>8. According to client #2's IPP reviewed on July 13, 2007, at 12:35 PM, the client had an objective that read "will exercise for 30 minutes doing an activity of his choice that elevates his heart rate with verbal prompting. During observation on July 12, 2007, client #2 did use the exercise bicycle; however, for only five minutes. Staff interview conducted on July 12, 2007 at 11:40 AM revealed that the client will participate for 15 to 20 minutes; however, during this observation the client was not encouraged to meet the criterion of the objective.</p>	I 422	<table border="1"> <tr> <td>7. See W158, W159, &amp; W196 #1</td> </tr> <tr> <td>8. See W158, W159, &amp; W196 #1</td> </tr> </table>		7. See W158, W159, & W196 #1	8. See W158, W159, & W196 #1	
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I 422	Continued From page 14  9. An objective to have client #2 "respond to others by making eye contact for five seconds independently upon request" was included in Client #2's IPP. The instructions read "the trainer should engage client in a conversation with themselves or another preter while encouraging him to make eye contact with the person he is conversing with". Although there were varied opportunities to implement this objective, it was not implemented during the observation on July 12, 2007 from 3:00 PM to 7:30 PM.  10. According to client #3's IPP dated March 29, 2007 that was reviewed on July 13, 2007 at 4:50 PM, the client had a program to assist in preparing a meal according to his dietary needs with close staff supervision once weekly. April, May, and June's data reflected that the client performed at primarily the verbal prompting level. During three days of the survey, client #3 did not engage in cooking. Staff were observed in the kitchen preparing meals without any client. It could not be determined that client #3 had been encouraged to perform the task at every given opportunity.	I 422	9. See W158, W159, & W196 #1 10. See W158, W159, & W196 #1		
I 423	<b>3521.4 HABILITATION AND TRAINING</b>  Each GHMRP shall monitor and review each resident's Individual Habilitation Plan on an ongoing basis to ensure participation of the resident and appropriate GHMRP staff in revision of such Plans whenever necessary. The schedule for the reviews shall be documented within each IHP.  This Statute is not met as evidenced by: The findings include:	I 423			

Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>09G145</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>07/13/2007</b>
NAME OF PROVIDER OR SUPPLIER  <b>MARJUL HOMES</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>4910 ARKANSAS AVENUE, NW WASHINGTON, DC 20012</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
I 423	<p>Continued From page 15</p> <p>1. The governing body failed to ensure that a competent and qualified Qualified Mental Retardation Professional monitored the progress of clients in the facility. The last QMRP monitoring note for client #2 was in February 2007. The Coordinator stated during interview on July 12, 2007 at 10:20 AM indicated that two persons including herself acted as QMRP for the facility. Staff interviewed at 6:10 PM on July 13, 2007 was unsure who acted as QMRP for the facility.</p> <p>2. The Qualified Mental Retardation Professional (QMRP) notes, the facility failed to ensure that objective criterions that had not been attained by clients [#3] had been considered for revision to increase the success for the clients.</p> <p>3. The QMRP the Qualified Mental Retardation Professional (QMRP) failed to ensure that clients #1 and #2 were provided the opportunities for continuous active treatment in accordance with their individual program plans (IPPs). as evidenced below:</p> <p>a. Client #1's IPP was reviewed on July 13, 2007 at approximately 7:25 PM. The documentation was also reviewed. It was revealed through this review that client #1 had a program to use public transportation once bi-weekly independently upon request. The documentation reflected that client #1 used the public transportation on January 6, 2007, March 31, 2007, and September 30, 2006. There was no data for April, June, and July 2007. For May 2007, the data reflected that client #1 had engaged in the objective once for the month.</p> <p>b. The facility failed to provide consistent opportunities to use recommended methods of</p>	I 423	<p>1. See W 104 #4</p> <p>2. See W158, 159, 196 #1</p> <p>3a. See W158, 159, 196 #1</p> <p>3b. See 196 #2a and #2b</p>		

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I 423	<p>Continued From page 16</p> <p>communications.</p> <p>c. Client #2 was observed not using verbal communications, signs, or any communicative devices during the survey on July 12, 13, and 16 2007. Client #2's speech assessment dated two years ago (January 26, 2005) was conducted by the Speech Pathologist at the client's day program. This professional identified that client #2 had the following strengths: "following situational and commonly used social commands, making some needs known through the production of a few American sign language signs, and identifying and labelling a few pictures." The recommendations included: increase skills in sign language, labeling items, and following directions. It was also recommended that speech services in the residential setting be similar to the services provided at the day program.</p> <p>At the day program, clients participated in a daily sign language class and instructors were observed using "simple" signs (eat, drink, toilet, slow down,) to communicate. According to the day program instructor and the provided documentation, client #2 achieved signing bathroom, sit, wash/dry hands at the criterion of verbal/gestural prompting. No signing was implemented at the facility. Staff interviewed on July 13, 2007 at 6:15 PM stated that the facility had a book of signs and that client #1 helps the staff with signing.</p> <p>Staff interview on July 12, 2007 at 11:40 AM revealed that client #2 knows some signs and that staff can request client #1 to assist them. The staff stated that client #2 had a picture book of items and a communication device. Neither of these items were used at the facility during the</p>	I 423	3c. See 196 #2a and #2b		



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I 423	<p>Continued From page 17</p> <p>survey for three days.</p> <p>d. A staff who was interview on July 13, 2007 at 6:15 PM indicated that client #2 "was totally unresponsive to the communicative device. The Coordinator interviewed on July 16, 2007 at 5:45 PM stated that a visit would be made to the day program because the client does not participate with the device while at the facility. The documentation at the facility reflected 98% disengagement with the device. Client #2's IPP does include an objective for the client to use his communicative device to name two different items at any given time with total guidance.</p> <p>The day program staff who was interviewed on July 13, 2007 at 10:00 AM indicated that client #2 was "doing well with his low tech language device for identifying items." It was stated that the client performs at 100% for locating and identifying beverages. It was further stated that when the client stands and the instructor signs bathroom he goes. Reportedly, client #2 does complete some signs with a verbal prompt.</p> <p>It could not be determined that client #2's speech and language needs were being addressed in a manner that would allow him the full benefit of similar communicative efforts between the two programs.</p> <p>There was no evidence that client #2 was encouraged to engage with the communicative device as it was not made available to him at the facility during the survey on three days. The device had been out for repairs but did arrive at approximately 2:00 PM on July 12, 2007.</p> <p>e. According to Client #3's individual program plan dated March 29, 2007, the client had an</p>	I 423	<p>3d. 196 #2a and #2b</p> <p>3e. See W158, 159, 196 #1</p>		

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I 423	Continued From page 18  objective that read "will travel to and from his pre-vocational site each Friday using public transportation with verbal prompts. The documentation reviewed on July 13, 2007 at 5:45 PM reflected that from March 2007 to July 2007 with the exception of one trial in May 2007, the client had no opportunities.	I 423			
I 426	3521.5(c) HABILITATION AND TRAINING  Each GHMRP shall make modifications to the resident ' s program at least every six (6) months or when the client:  (c) Is failing to progress toward identified objectives after reasonable efforts have been made;  This Statute is not met as evidenced by: The finding includes:  1. According to client #3's IPP, he had an objective that read "Will receive correct change after a transaction of less than \$1.00 independently with supervision twice a week for 3 consecutive months. The clients individual support plan meeting was held March 29, 2007. Review of the documentation reviewed on July 13, 2007 at 4:50 PM revealed that client #3 had performed 75% to 100% of the time with verbal prompting and only 25% was independent.  2. Client #3's IPP reflected an objective to "write his home address with the help of a cue card with one verbal prompt twice a week for 3 consecutive months. The documentation reviewed on July 13, 2007 at 4:50 PM revealed that the client performed below criterion from March 2007 to June 2007 at the total guidance level. Client #3 was observed during this	I 426	1. See W158, 159, 196 #1  2. See W158, 159, 196 #1		

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I 426	Continued From page 19  program on July 16, 2007. Client #3 required verbal and model assistance to perform the program.	I 426		
I 500	<b>3523.1 RESIDENT'S RIGHTS</b>  Each GHMRP residence director shall ensure that the rights of residents are observed and protected in accordance with D.C. Law 2-137, this chapter, and other applicable District and federal laws.  This Statute is not met as evidenced by: The findings include:  1. The facility failed to ensure that a system had been developed to assist clients through legally sanctioned advocacy to ensure the protection of their rights due to their behavioral status, risk of treatment, and desire to refuse treatment for three of three clients in the sample as detailed below.  a. During the observation of the medication administration conducted on July 12, 2007, starting at 7:00 PM, client #1 administered Risperdal 3 mg, Naltrexone 100 mg, and Lithium 600 mg. According to the psychotropic medication review documents and the physician's orders reviewed on July 13, 2007, at 4:45 PM, client #1 is also prescribed AM medications to include, Prozac 60 mg., Risperdal 2 mg, Revia 100 mg, and Cogentin 5 mg. Legal records from the courts reflected that as of December 4, 2000, client #1 was provided an Advocate. There was no evidence throughout the client's record to indicate that the Advocate had been informed of medications, consents, or treatments. The Coordinator/"Partial Acting Qualified Mental	I 500	1a. W104 #1 124 #2, W148 #1, & W148 #2	

Health Regulation Administration

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I 500	<p>Continued From page 20</p> <p>Retardation Professional" was unable to make reference to the Advocate being informed.</p> <p>b. During review of records conducted on July 12, 2007 at 9:10 AM, a consent for medications form was reviewed for client #3. The consent had been signed by the mother on October 17, 2006. The document reflected that "some of the side effects: unknown to me-would like to receive information from Dr. concerning side effects. There was no evidence that the side effects had been explained to the mother signing the consent. The facility failed to ensure that the person responsible for signing medication related documents had full understanding of the the clients' condition, medication, side effects, and rights as dictated by the facility's policy.</p> <p>2. The facility failed to ensure that the policies of the facility were implemented to ensure the protection of clients rights.</p> <p>a. According to facility policy that was reviewed on July 13, 2007 at 3:45 PM, "informed consent by the person and/or guardian for administration of the medication shall be obtained and documented on a form that lists justification for the use of the medication". "The major potential side effects shall be listed on the consent form in non technical terms.</p> <p>Review of client #2's medical record conducted on July 12, 2007 at 12:55 PM, a consent form for medications was observed that had been signed. Staff indicated that the person was client #2's mother. The document reflected "see attachments". There was no attachments and the document did not include the medication, did effects, or purpose. The Human Rights Committee failed to ensure that the person</p>	I 500	<p>1b. W104 #1, 124 #2, W148 #1, &amp; W148 #2</p> <p>2a. W104 #1, 124 #2, W148 #1, W148 #2 &amp; W264</p>		

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1 500	Continued From page 21  responsible for signing medication related documents had full understanding of the the clients' condition, medication, side effects, and rights as dictated by the facility's policy.  b. Another consent document for client #2 was signed by the family member in May 2005 for Risperdal 2 mg twice daily and the purpose identified was behavior. There were no further instructions as reflected by the facility's policy. Client #2's current medication regimen includes Klonopin .5 mg once daily according to the physician's orders reviewed on July 12, 2007 at 12:40 PM.  3. The facility failed to have a competently trained Qualified Mental Retardation Professional (QMRP) to monitor and implement continuous active treatment for clients in the facility. [Refer to 3521.3]	1 500	2b. W104 #1, 124 #2, W148 #1, W148 #2 & W264  3. W 104 #4, W158, W159 & W196		

## Autumnleaf Group, Inc.

### Scope of Work

Provide consultant services to the management of MarJul Homes, Inc. in the operation of community programs serving clients of the District of Columbia, Department on Disability Services (DDS). Services include training, quality assurance, policy and procedure development recommendations and systems development recommendations.

We will not perform management functions or make management decisions for MarJul Homes, Inc.. However, we may provide advice, research materials and recommendations to assist your management in performing its functions and making decisions.

### Priority Focus

The first priority for this contract is to provide consultant services to MarJul Homes, Inc. to address performance measures as cited in DDS Basic Assurance Standards Authorization Review conducted on April 24, 2007 -- April 25, 2007, in preparation for a follow-up review on July 25, 2007.

Second priority for this contract includes providing quality assurance review, record review, drafting a record management system in compliance with the 7-year record keeping requirement.

### Contract Rate

hour; estimated 15-20 hours per week.

After completing a needs assessment, I am anticipating committing 15-20 hours a week through August 2007 with a possibility of the same or level of commitment in September 2007. Thereafter, we could reassess for possible reduction to approximately 20-25 hours a month.

A retainer deposit in the amount of \$\_\_\_\_\_ is required in order to initiate services.

### Billable Services

- Consultation with Management by phone, email, or in person
- Training Preparation and Staff Training
- Proposing and/or Drafting of Policies, Procedures and Tracking Systems
- Propose Defined Management Roles to include Program Director, Assistant Program Director and QMRP
- Record Review
- Onsite Assignments as identified

In addition, as invited to participate, our staff will be available to serve and meet the needs of MarJul Homes, Inc. as needed. At least 35% of services provided will be performed onsite.

 Initial

**Other Consideration**

You may request that we perform additional services not contemplated by this contract agreement. If this occurs, we will communicate with you regarding the scope and estimated cost of these additional services. Engagements for additional services may

necessitate that we amend this proposal or issue a separate proposal to reflect the obligations of both parties. In the absence of any other written communications from us documenting additional services, our services will be limited to and governed by the terms of this proposal.

**Client Responsibilities**

You authorized Autumnleaf Group, Inc. to accept instructions from your representative for the term of this contract agreement.

As a condition to our performing the services described above, you agree to:

- Make all management decisions and performs all management functions, including approving all proposed policy, procedure and tracking system development.
- Designate an individual who possesses suitable skill, knowledge, and/or experience, to oversee the services
- Evaluate the adequacy and results of the services performed
- Accept responsibility for the results of decisions made

You agree that your management and employees are responsible for full implementation of decisions made.

**Autumnleaf Group, Inc. Responsibilities**

This contract agreement is limited to the consulting services outlined above. Autumnleaf Group, Inc., in its sole professional judgment, reserves the right to refuse to take any action that could be construed as making management decisions or performing management functions.

**Billing and Compensation**

On the 1<sup>st</sup> business day of each month a billing invoice will be submitted for all services rendered the month before. Full payment will be expected no later than the 10 business days after receipt. A late fee (2%) maybe assessed for past due payments.

**Advantages for Choosing Autumnleaf Group, Inc.**

➤ Experience with Target Population

The management of Autumnleaf Group, Inc. has extensive knowledge and direct experience working with target population and has served in the capacity of director of

 Initial

program operations for six (6) ICF/MR facilities as well as participated in the launching of a Medicaid Waiver program. This knowledge inevitably would be a nice compliment to efficiency of the service delivery.

➤ Knowledge of Prevailing Regulations

The management of Autumnleaf Group, Inc. has extensive knowledge of the prevailing federal and local regulations governing the operation of ICF/MR and Medicaid Waiver programs

➤ Approved Trainer

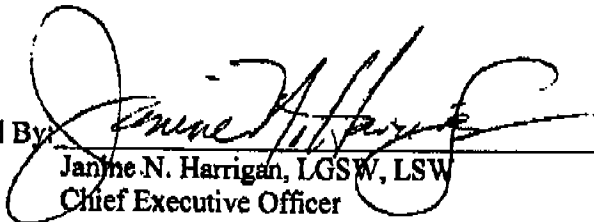
The management of Autumnleaf Group, Inc. is an approved trainer by the Department on Disability Services, specifically the six (6) mandatory trainings.

**Termination and Other Terms**

Either party can terminate contract agreement by providing written notice 30 days in advance.

We reserve the right to withdraw from this engagement without completing the work if you fail to comply with the terms of this contract agreement. If any portion of this agreement is deemed invalid or unenforceable, the finding shall not invalidate the remainder of the terms set forth in this contract agreement.

We appreciate the opportunity to be of service to Autumnleaf Group, Inc. Please sign, date, and return it to us to acknowledge your agreement with its terms. It is our policy to initiate services after we receive the signed copy of this letter from you.

Submitted By:   
Janine N. Harrigan, LGSW, LSW  
Chief Executive Officer

  
Date

Approved By:

  
Signature

  
Date

  
Print Name

  
Title



**MarJul Homes, Inc.  
PROGRAM DIRECTOR  
JOB DESCRIPTION**

**Scope of Responsibility:**

Oversee total operations of all facilities. Ensure compliance of all facilities with Medicaid Rules / Requirements and regulations and other certifications with the District of Columbia, the Department of Health, and DDS. Coordinate and supervise all administrative procedures to maintain overall proficiency and professionalism for the operation and administration of MarJul Homes, Inc. ICF/MR operations. You will be monitoring quality of care and efficacy of programming. Coordinate specified committees following agenda's in accordance with all rules and regulations. Maintain effective communication lines between all levels within the company.

**Additionally:**

1. **Operations** - Directs the overall operations of all ICF/MR facilities.
2. **Staff Training** - Ensure training of new employees in local, District, and federal regulations for ICF/MR. Facilitate new hire orientation process.
3. **Quality Assurance (Recommendations- External/Internal)** - Ensure that all recommendations are followed through including; but not limited to, Incident Investigations (IMIUI), Human Rights Committee, Court Orders, Alerts, and other recommendations as they arise.
4. **Observations** - Conduct at least twice per quarter unannounced observations (i.e., evening, overnight, weekend shifts) at each facility to demonstrate leadership, perform onsite modeling of appropriate interactions with the individuals in the care of MarJul Homes, Inc. and to foster open lines of communication between the front line staff and senior management. Attend at least twice per quarter a house staff meetings to ensure the philosophy of MarJul Homes, Inc. is shared by all staff and is reinforced by management. Attend at least twice per quarter, an ISP/quarterly/case conference/day program observation visit to ensure continuity of care as well as foster relationships with other stakeholders.
5. **Committee Meetings** - Participate in regularly scheduled committee meetings such as Safety Committee, Human Rights, Infection Control, Incident Review Committee at least twice per quarter. Review and approve all minutes from each standing committee meetings and sign-off.
6. **Representation** - Represent the agency at meetings throughout the city. Also, attend the DDS Human Rights Advisory Council monthly meeting.
7. **Annual Licensure Renewal** - Prepare and submit all Plan of Corrections to appropriate regulatory agencies within established time frames. Ensure compliance of Plan of Corrections from all subordinate staff. Convene and facilitate team meetings to address deficiencies cited.
8. **Expenditure Approval** - Approve all expenditures for consultants, maintenance, and other expenses as they occur.
9. **Administrative/Personnel** - Review and sign-off on subordinate employee performance evaluations. Assign, direct, and review all work of subordinate staff and clinical consultants. Ensure staff meetings are convened on a monthly basis at each facility including in-service trainings
10. **Consultants** - Monitor and ensure timely submission of consultant consumer-assessments and quarterly reports including nursing and physician. Additionally monitor the psychiatric evaluation schedule for timely completion.
11. **Legal/Court Review** - Monitor and update court hearing calendar. Review and approve court reports and ensure submission to DDS, Attorney, and the Court 15

- days prior to court hearing. Attend court hearings. Monitor and ensure timely follow-up on all court orders.
12. **QMRP Supervision** - Hold at least twice monthly one-on-one supervision with each QMRP and follow-up accordingly.
  13. **ISPs/Quarterlies/Case Conference** - Provide hands-on technical assistance to QMRPs in preparation for each quarterly/ ISP meeting. Develop and monitor tracking system to ensure each ISP document is submitted to DDS within 2 weeks after the ISP meeting and maintain receipt copy. Review and approve all ISPs prior to submission to DDS. Develop and monitor tracking system to ensure all Quarterly reports are completed on schedule, including consultant assessments. Review and approve all quarterly reports prepared by QMRPs. Attend quarterly meetings as needed. Attend all ISP meetings. Attend consumer related case conferences as needed. Monitor quarterly/ISP meeting calendar and ensure timely meetings.
  14. **Active Treatment** - Ensure all facilities run an active treatment regimen for each consumer in conjunction with the mission and philosophy of MarJul Homes, Inc.
  15. **Calendar** - Develop and monitor calendars for: psychiatric evaluations, court hearings, committee meetings, ISP/quarterlies, etc.

**MarJul Homes, Inc.**

160 Bryant Street NW  
 Washington, DC 20001  
 (202) 588-7256  
 (240) 266-0079

**INFORMED CONSENT**  
**FOR PSYCHOTROPIC MEDICATION AND BEHAVIOR SUPPORT PLAN**

Customer Name: \_\_\_\_\_

Meeting Date: \_\_\_\_\_

Authorize the following medications to be given to the above named person as part of an overall plan of habilitation.

Medications: See Attached

I understand that the specific purpose for which the medication(s) is being administered is: See Attached

Behavior Support Plan: See Attached

The expected beneficial effects of the medication(s) have been explained to me as well as the potential side effects. I have had an opportunity to have my questions answered. I understand that the continued need for the medication(s) will be professionally monitored on a periodic basis and that if any significant changes are made in the Medication Plan (attached) that I will be consulted. Dosage may be decreased or discontinued when clinically indicated.

I understand that my approval may be withdrawn at any time. I understand that I may have my questions regarding this medication plan answered promptly. Notification of withdrawal will be made in writing to the QMRP or Physician. I understand that this authorization will expire in one year and must be renewed at that time.

\_\_\_\_\_  
 Individual (if applicable)

\_\_\_\_\_  
 Date of Approval/Date of Review

\_\_\_\_\_  
 Guardian/Responsible Person

\_\_\_\_\_  
 Date of Approval/Date of Review

\_\_\_\_\_  
 QMRP

\_\_\_\_\_  
 Date of Approval/Date of Review

\_\_\_\_\_  
 Human Rights Committee (Chair)

\_\_\_\_\_  
 Date of Approval/Date of Review

Additional Information may be obtained by contacting:

Jacquelyn Wilder, QMRP  
 160 Bryant Street NW  
 Washington, DC 20001  
 202-352-8324

MarJul Homes, Inc.

**BEHAVIOR SUPPORT PLAN**

Client:	Andre Edwards
Date of Birth:	12/5/71
Update:	July 17, 2003
Update:	June 22, 2004
Update:	June 22, 2005
Update:	June 12, 2006
Update:	June 12, 2007
Date of Expiration:	June 12, 2008

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**PROBLEM:**

Mr. Edwards has a history of problems with episodes of self-injurious behavior (hand biting, face slapping, and choking himself), tantrumming (crying/screaming loudly and throwing himself on the floor), property destruction (destroying pillows, comforters, clothing, and bathroom fixtures), stealing/hoarding food items (taking food that does not belong to him and hiding it in his bedroom or other places), stealing clothing (taking clothes that do not belong to him), making false allegations (making untrue statements about the actions of staff), and fondling female staff (inappropriately touching female staff).

**FUNCTIONAL ASSESSMENT:**

Mr. Edwards has Axis I and II current and historical diagnoses of Intermittent Explosive Disorder, Psychotic Disorder NOS, Depressive Disorder NOS, mild mental retardation cognitively, and severe mental retardation adaptively.

Mr. Edwards' behaviors are more than likely a function of his psychiatric diagnoses. Mr. Edwards also engages in maladaptive behaviors such as self-injurious behavior, tantrumming, making false allegations, property destruction, and fondling female staff as means of gaining staff attention, avoiding task demands, and obtaining a reaction from his peers. These behaviors also serve the function of communicating anger and frustration, which often occurs when he cannot have his way, and when staff does not understand what he is saying (Mr. Edwards is verbal, but speaks in a low, monotone voice).

Stealing/hoarding food may occur because he is hungry, and/or from fear of not having access to an adequate supply of food and clothing. Stealing behaviors do not appear to be attention-seeking in nature, as Mr. Edwards tries to be discreet while stealing and goes to great lengths to hide stolen items from staff.

**PROACTIVE STRATEGIES:**

Provide Mr. Edwards with frequent, casual verbal praise throughout the day, every day. Staff should praise Mr. Edwards for task performance and completion. Prevent behavior by talking in a calm and gentle manner with Mr. Edwards and avoiding loud or harsh voice tones. Use a confident and firm voice with him, however.

Allow Mr. Edwards to be engaged in a variety of daily living skills and recreational/leisure activities as appropriate.

Mr. Edwards should be given the following tangible reinforcers for appropriate behavior:

Activity Reinforcers: Dining in a restaurant, enjoyable community outings, or other activities that Mr. Edwards enjoys.

Mr. Edwards should be given the reinforcer with a simultaneous explanation from staff such as, "Andre, I'm going to take you to the mall to shop for new clothes because you did an excellent job cooperating with the staff and completing your chores."

Reinforcers should be delivered as often as possible and as soon as possible following appropriate behavior. Reinforcers should never be given if Mr. Edwards has been engaging in maladaptive behavior.

Mr. Edwards may also receive 1:1 staff attention (conversation) following appropriate behavior.

**BEHAVIOR GOALS:**

- 1) Mr. Edwards will decrease episodes of self-injurious behavior to zero incidents per month.
- 2) Mr. Edwards will decrease episodes of tantrumming to zero incidents per month.
- 3) Mr. Edwards will decrease episodes of property destruction to zero incidents per month.
- 4) Mr. Edwards will decrease episodes of stealing/hoarding food to zero incidents per month.
- 5) Mr. Edwards will decrease episodes of stealing clothing to zero incidents per month.

- 6) Mr. Edwards will decrease episodes of making false allegations to zero incidents per month.
- 7) Mr. Edwards will decrease episodes of fondling female staff to zero incidents per month.

### INTERVENTION STRATEGIES:

- 1) **Address self-injurious behavior (SIB)** when it occurs by telling Mr. Edwards to cease and calm down. Staff should then resume their normal activities, as Mr. Edwards will often engage in SIB to get a reaction from staff and peers and to avoid task demands. If Mr. Edwards complies with the staff directive, he should be thanked for his cooperation and immediately redirected to an adaptive task, so that he will not engage in SIB to avoid tasks. He should receive staff praise for task performance and completion.

If Mr. Edwards wishes to discuss whatever was upsetting him, staff should encourage him to do so.

If Mr. Edwards refuses to calm down and/or discuss his problem and begins to injure himself despite staff directives to cease, staff should use least to most restrictive physical control techniques of Behavioral Principles and Strategies (BPS). Staff should always begin with the least restrictive techniques, progressing to most restrictive techniques only when the situation warrants.

The Program Nurse should be notified after all occurrences of SIB and after any use of BPS. An Incident Report should also be written.

- 2) **Address tantrumming** when it occurs by initially appearing to ignore Mr. Edwards. Generally, Mr. Edwards' tantrums are attention-seeking in nature, and serve the functions of avoiding task demands and obtaining reactions from staff and peers. If Mr. Edwards begins to tantrum after staff has asked him to engage in an activity, for instance, staff should not repeatedly ask him to engage in the task, as staff attention will reinforce the negative behavior. Staff should continue working with the other clients and then return a few minutes later and again ask him to engage in the task. If Mr. Edwards continues to tantrum, staff should not ask again. Instead, staff should go about their regular routine with the other clients, and Mr. Edwards' tantrum should be documented on his ABC data sheet.

Mr. Edwards should not be given any reinforcement or staff attention after episodes of tantrumming.

If Mr. Edwards begins to tantrum because he cannot have his own way, staff should not give in to his wishes. Staff should give Mr. Edwards two verbal prompts to stop the behavior. If Mr. Edwards continues to tantrum, staff should not ask him to stop again, as staff attention will reinforce the negative behavior.

Instead, staff should calmly go about their regular routine with the other clients, and Mr. Edwards' tantrum should be documented on his ABC data sheet. Mr. Edwards should not be given any reinforcement or staff attention after episodes of tantrumming.

- 3) **Address property destruction** when it occurs by telling Mr. Edwards to stop. Mr. Edwards enjoys talking to staff and during times of agitation, should be encouraged to talk about what is bothering him. If he continues to destroy property, however, staff should verbally direct Mr. Edwards to leave his immediate environment and go to a nearby area to calm down.

For example, staff should say, "Go to your room and calm down." During this period of nonexclusionary time-out, staff should discretely monitor Mr. Edwards to make certain he is not engaging in self-injurious behavior and that he is safe.

- After Mr. Edwards has calmed down, staff should utilize the restoration of the environment technique. Staff should calmly verbally direct Mr. Edwards to pick up all items that he has thrown, and to clean up all items that have been broken. Staff should assist Mr. Edwards only if he cannot physically or cognitively complete the restoration technique. Staff should not talk to Mr. Edwards during implementation of the restoration technique.

- 4) **Address stealing/hoarding food** before it occurs by allowing Mr. Edwards to have as many fruits, vegetables, and other healthy foods allowed per the nutritionists' recommendations. This will decrease the desire to steal food, as he will feel less hungry. (Please refer to the nutritionists' notes found in Mr. Edwards' ISP book for further information).

As a proactive strategy to decrease incidents of food stealing, staff should always be aware when Mr. Edwards is in the kitchen, especially if he enters the kitchen between meals. Mr. Edwards should also be monitored while near trashcans, as he will also steal discarded food from trashcans.

If staff find food in Mr. Edwards' bedroom or hidden in other places, they should gently assure Mr. Edwards that there is no reason to steal food because he will be well fed and will not go hungry. Staff should then ask him to discard the stolen food in the trashcan or return it to the kitchen, depending upon the condition of the food. If Mr. Edwards complies with the staff directive, staff should thank him and praise him for his cooperation. Staff should continue to monitor Mr. Edwards to ensure that he does not remove any food from the trashcan and hoard it again.

If Mr. Edwards refuses to discard the hoarded food, staff should calmly let him know that they will have to discard the food or return it to the kitchen for him.

If Mr. Edwards' behavior escalates to SIB, tantrumming, or property destruction, staff should follow the intervention strategies for those behaviors.

- 5) **Address clothes stealing** before it occurs by staff being aware of Mr. Edwards' whereabouts at all times, so that he will not have an opportunity to enter the bedrooms of his peers to steal clothing.

If staff finds stolen clothing in Mr. Edwards' bedroom or hidden in other places, they should gently assure Mr. Edwards that there is no reason to steal clothing because he will be always be provided with adequate clothing. Staff should then ask him to return the stolen clothing to its rightful owner(s).

If Mr. Edwards refuses to return the stolen clothing, staff should calmly let him know that they will have to return the clothing for him.

If Mr. Edwards' behavior escalates to SIB, tantrumming, or property destruction, staff should follow the intervention strategies for those behaviors.


- 6) **Address making false allegations** when it occurs by asking Mr. Edwards if he is certain the allegation is true. If Mr. Edwards says the allegation is not true, staff should thank him for being truthful. Nothing else should be said about the incident.

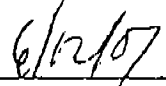
If Mr. Edwards insists that the allegation is true, especially during instances of alleged physical or sexual abuse or other serious allegations, required investigations and referrals should be made.



7) **Address fondling female staff** when it occurs by immediately telling Mr. Edwards to stop. Staff should explain to him that it is wrong to touch female staff in a fondling manner. Staff (both male and female) should never laugh or appear amused when Mr. Edwards engages in this behavior, as this reaction will reinforce the behavior. Female staff should always shake hands with Mr. Edwards upon greeting him as opposed to giving him hugs.

Document all occurrences of targeted behaviors on an ABC Data Sheet. These behaviors are: (1) Self-injurious behavior; (2) Tantrumming; (3) Property Destruction; (4) Stealing/hoarding food items; (5) Stealing clothing; (6) Making false allegations; and (7) Fondling female staff.

  
\_\_\_\_\_  
Sheri A. Wilson, Ph.D.  
Licensed Psychologist

  
\_\_\_\_\_  
Date

# DRUG SIDE EFFECTS REPORT

NEIGHBORCARE

Facility: 107 MARJUL HOMES INC.

Wing: ARKANSAS

Patient: EDWARDS, ANDRE

Physician: FRAZIER, ACQUANET

Phone: 301-681-6654

## 8) LITHIUM CARBONATE ER 300MG TABLET

Therapeutic Class - ANTIMANIC AGENTS

SIDE EFFECTS: See also Warning section. Drowsiness, tiredness, increased thirst, increased frequency of urination, weight gain, and mildly shaking hands (fine tremor) may occur. These should go away as your body adjusts to the medication. If any of these effects persist or worse tell your doctor or pharmacist promptly. Remember that your doctor has prescribed this medication because he or she has judged that the benefit to you is greater than the risk of side effects. Many people using this medication do not have serious side effects. Tell your doctor immediately if any of these unlikely but serious side effects occur: diarrhea, vomiting, fever, dizziness, unsteady walk, confusion, slurred speech, blurred vision, severe hand trembling (coarse tremor). Tell your doctor immediately if any of these rare but very serious side effects occur: fainting, vision changes (e.g., growing blind spot, vision loss), seizures, slow/fast/irregular heartbeat, joint swelling/pain, pain/discoloration of finger/toes, cold hands/feet. A very serious allergic reaction to this drug is rare. However, seek immediate medical attention if you notice any symptoms of a serious allergic reaction, including: rash, itching, swelling, severe dizziness, trouble breathing. If you notice other effects not listed above, contact your doctor or pharmacist.

# DRUG SIDE EFFECTS REPORT

NEIGHBORCARE

Facility: 107 MARJUL HOMES INC.

Wing: ARKANSAS

Patient: EDWARDS, ANDRE

Physician: FRAZIER, ACQUANETI

Phone: 301-681-6654

## 12) RISPERDAL 3MG TABLET

### Therapeutic Class - ANTIPSYCHOTIC AGENTS

**SIDE EFFECTS:** Dizziness, drowsiness, fatigue, nausea, constipation, runny nose, increased appetite, weight gain, nervousness, acne, dry skin, difficulty concentrating, decreased sexual ability/impotence or difficulty sleeping may occur. If any of these effects persist or worsen, contact your doctor or pharmacist promptly. To minimize dizziness and lightheadedness, get up slowly when rising from a seated or lying position. Remember that your doctor has prescribed this medication because the benefit to you is greater than the risk of side effects. Many people using this medication do not have serious side effects. Tell your doctor immediately if any of these serious side effects occur: fainting, rapid/pounding/irregular heartbeat, mental/mood changes, fever, muscle stiffness/spasms/twitching, sweating, uncontrolled muscle movements (e.g., tongue and facial muscles), drooling, difficulty swallowing, seizures, frequent falls. Seek immediate medical attention if any of these unlikely but serious side effects occur: chest pain, weakness on one side of the body, numbness in the face/arms/legs, sudden vision changes, slurred speech, confusion, breast lumps, change in amount of urine. This medication may in rare instances increase your blood level of a certain hormone (prolactin). In females, an increase in prolactin levels may result in unwanted breast milk, the end of menstruation or difficulty becoming pregnant. In males, it may result in decreased sexual ability, inability to produce sperm, or enlarged breasts. If you develop any of these symptoms, tell your doctor immediately. This drug may infrequently make your blood sugar level rise, therefore causing or worsening diabetes. This high blood sugar can rarely cause serious conditions such as diabetic coma. Tell your doctor immediately if you develop symptoms of high blood sugar, such as unusual increased thirst and urination. If you already have diabetes, be sure to check your blood sugar level regularly. This drug may also cause significant weight gain and a rise in your blood cholesterol (or triglyceride) levels. These effects, along with diabetes, may increase your risk for developing heart disease. Discuss the risks and benefits of treatment with your doctor. (See also Notes section.) For males, in the very unlikely event you have a painful or prolonged erection lasting 4 or more hours, stop using this drug and seek immediate medical attention, or permanent problems could occur. A serious allergic reaction to this drug is unlikely, but seek immediate medical attention if it occurs. Symptoms of a serious allergic reaction include: rash, itching, swelling, severe dizziness, trouble breathing. If you notice other effects not listed above, contact your doctor or pharmacist.

DRUG SIDE EFFECTS REPORT

NEIGHBORCARE

Facility: 107 MARJUL HOMES INC.

Wing: ARKANSAS

Patient: EDWARDS, ANDRE

Physician: FRAZIER, ACQUANET

Phone: 301-681-6654

6) FLUOXETINE 20MG CAPSULE

Therapeutic Class - ANTIDEPRESSANTS

SIDE EFFECTS: See also Warning section. Nausea, drowsiness, dizziness, anxiety, trouble sleeping, loss of appetite, weakness, tiredness, sweating, or yawning may occur. If any of these effects persist or worsen, tell your doctor promptly. Remember that your doctor has prescribed this medication because he or she has judged that the benefit to you is greater than the risk of side effects. Many people using this medication do not have serious side effects. Tell your doctor immediately if any of these unlikely but serious side effects occur: unusual or severe mental/mood changes (e.g., agitation, unusual high energy/excitement, thoughts of suicide), uncontrolled movements (e.g., of the face/tongue), shaking (tremor), fainting, or severe dizziness.

## **MarJul Homes, Inc.**

### **Incident Management System Policy and Procedures**

#### **I. INCIDENT MANAGEMENT SYSTEM PURPOSE**

MarJul Homes, Inc. has established an Incident Management System (IMS). The purpose of this system is to collect and use incident data in a manner designed to reduce the number and severity of incidents. The IMS includes incident data such as intake, incident classification, review, investigation, and quality improvement. The IMS is designed to protect individuals from harm and enhance the quality of services provided to them.

##### **A. OBJECTIVES**

1. Ensure prompt staff response and intervention;
2. Ensure prompt medical treatment and contact with community support personnel
3. Ensure timely and accurate notification of appropriate staff, families and agency officials;
4. Initiate and ensure completion of investigation and documentation of incidents;
5. Ensure personnel actions are taken when warranted;
6. Establish quality improvement activities and corrective action to prevent the recurrence of similar incidents;
7. Perform data collection and trend analysis to reduce the number and severity of resident incidents;
8. Provide staff training in the prevention, detection, reporting, and investigation of incidents.

#### **II. SCOPE OF POLICY**

The Incident Management System will address, at a minimum, all individual incidents listed and defined by this policy.

MarJul Homes, Inc. expressly prohibits any employee, visitor, family member/guardian, subcontractor, intern, or volunteer from abusing, exploiting, neglecting, or mistreating an individual entrusted in the care of DDS/MRDDA who is under our care or supervision.

Any person subject to the scope of this policy who fails to report knowledge of an incident as required, gives false, misleading, or incomplete information, or otherwise does not participate in the incident management process as specified in this policy shall be subject to disciplinary measures which may include termination of employment or professional agreement and, where appropriate, civil action or criminal prosecution.

MarJul Homes, Inc. expressly prohibits retaliatory action against any person for his or her involvement as a reporter, witness, participation in an investigation or for actions in any other capacity as part of the incident management processes. Further, any person who is guilty of retaliatory action will be subject to disciplinary action which may include termination of employment or professional agreement and, when appropriate, civil action or criminal prosecution.

### III. DEFINITIONS

The following terms have the meanings indicated:

**Individual:** A person with development disabilities who receives services from DDS.

**At Risk Individual:** An individual classified medically fragile.

**Investigation:** An inquiry into facts and circumstances of an incident to determine whether it is more likely or not that the incident occurred. The level or depth of the inquiry shall be dependent on the type of incident and the detail of information needed to reach the conclusion that the incident did or did not occur.

**Immediate Jeopardy:** Crisis situation in which the health and safety of individual(s) are at risk. A situation in which a provider's noncompliance with one or more laws, regulations, or requirements of participating has caused, or is likely to cause serious injury, harm, impairment, or death to an individual. Serious harm, injury, impairment or death does not have to occur before considering immediate jeopardy.

**Provider/Vendor Agency:** A private entity that provides services or supports to individual of DDS/MRDDA.

**Individual on Individual Incident:** An event that involves two (2) persons receiving services from DDS/MRDDA involved in an altercation. Incidents are classified in one of the following two categories, which reflect a 3-level approach to reporting and investigating such incidents:

Level 1 – Incidents involving death, allegation of abuse, neglect, theft and serious physical injury.

Level 2 – Incidents involving serious medication error, improper use of restraints, emergency inpatient hospitalization, suicide attempt or threat, missing person, incident requiring services of law enforcement or emergency personnel, aspiration, property damage, medication error, hospitalization, physical injury, vehicle accident, ingestion of harmful substance, overuse of chemical restraints, burns and other.

Level 3 – All other incidents and issues not included in Levels 1 and 2.

- **Reportable Incident:** A significant event or situation involving an individual that shall be reported to designated authorities within a provider agency for review and internal investigation. (i.e. Physical Injury; Reportable Injury; Medication Errors; Hospitalization; Suicide Threats Addressed in a Behavior Support Plan; Theft by and Individual of an Individual's Personal Property or Funds; Property Damage; and Vehicular Accidents)
- **Serious Reportable Incident:** A reportable incident which, due to its significance or severity, requires immediate notification to , and possible investigation by, external authorities, in addition to internal review and investigation by the provider agency. (i.e. Death; Allegation of Abuse – physical/sexual/verbal/psychological abuse; self-abuse; individual on individual; mistreatment; or exploitation); Neglect; Serious Physical Injury; Missing Persons; Serious Medication Error; Improper Use of Restraints; Theft of Personal Property or Funds of an Individual; Emergency Inpatient Hospitalization; Suicide Attempt or Threat; and Incident Requiring Services of Law Enforcement or Emergency Personnel.

**Individual Incident:** An event that results in harm or risk of harm to an individual. Incidents are classified in one of the following two categories, which reflect a 2-level approach to reporting and investigating such incidents.

- **Reportable Incident:** A significant event or situation involving an individual that shall be reported to designated authorities within a provider agency for review and internal investigation. (i.e. Physical Injury; Reportable Injury; Medication Errors; Hospitalization; Suicide Threats Addressed in a Behavior Support Plan; Theft by and Individual of an Individual's Personal Property or Funds; Property Damage; and Vehicular Accidents). **\*\*All notifications must be made within 24 hours\*\***

**Serious Reportable Incident:** A reportable incident which, due to its significance or severity, requires immediate notification to , and possible investigation by, external authorities, in addition to internal review and investigation by the provider agency. (i.e. Death; Allegation of Abuse – physical/sexual/verbal/psychological abuse; self-abuse; individual on individual; mistreatment; or exploitation); Neglect; Serious Physical Injury; Missing Persons; Serious Medication Error; Improper Use of Restraints; Theft of Personal Property or Funds of an Individual; Emergency Inpatient Hospitalization; Suicide Attempt or Threat; and Incident Requiring Services of Law Enforcement or Emergency Personnel. **\*\*All notifications must be made within 24 hours\*\***

**Death:** A loss of life. Any death of an individual is to be treated as a Serious Reportable Incident.

**Abuse:** The wrongful treatment of an individual which endangers his or her physical, or emotional well-being, through the action or inaction of anyone, including, but not limited to, another individual, an employee, intern, volunteer, consultant contractor, visitor, family member, guardian or stranger, whether or not the affected individual is, or appears to be, injured or harmed. The failure to exercise one's duty to intercede on behalf of an individual also constitutes abuse.

Abuse shall include:

- Physical Abuse
- Sexual Abuse;
- Psychological/ Verbal Abuse;
- Mistreatment;
- Exploitation; and
- Self-abuse

The types of abuse are defined as:

1. **Physical Abuse:** Physical contact with, or handling of, an individual with more force than is reasonably necessary for the safety of the individual. This may include, but is not limited to intentionally or willfully grabbing, shaking, dragging, shoving, yanking, slapping, hitting, kicking, choking, pinching, biting, strangling, punching, or otherwise wrongfully handling an individual. Suspicious or unexplained bruising or other minor injuries in areas of the body that suggest possible abuse or injury by others.
2. **Sexual Abuse**
  - a. Any sexual activity or attempted sexual activity between an individual and a providers employee, consultant, volunteer, intern, contractor or family member regardless of the individual's consent.
  - b. Any sexual activity or attempted sexual activity between an individual and another person, including another individual, where the individual does not or cannot give consent.
  - c. Sexual activity includes:
    - Touching or fondling the genitals or other intimate parts of an individual, or causing an individual to touch himself or herself or anyone else, whether directly or through clothing, for the purpose of arousing or gratifying the sexual desire of any party;
    - Taking sexually explicit photographs;
    - Causing an individual to perform sexually explicit acts;



- Showing an individual pornographic materials for the purpose of arousing or gratifying the sexual desire of either party; and
- Encouraging an individual to use sexually explicit language, which he or she may not fully understand.

3. **Psychological/Verbal Abuse:**

- a. The use of verbal or nonverbal expression or other action in the presence of an individual that subjects the individual to ridicule, humiliation, contempt, scorn, harassment, threats of punishment, dehumanization, or wrongful manipulation, or is otherwise denigrating or socially stigmatizing. Actions may include, but are not limited to:
- Name calling (including use of pejorative or derogatory terms used to describe persons with disabilities;
  - Cursing at an individual;
  - Intimidating, condescending, or threatening gestures or behaviors toward an individual;
  - Verbal or nonverbal expressions that are designed to invoke fear in an individual;
  - The use of a loud, stern, or demeaning tone of voice in the presence of, or toward an individual;

4. **Mistreatment:**

Mistreatment is the use of practices which:

- Are contraindicated by an individual's plan of services;
- Are used for punishment or for the convenience of staff, as a substitute for treatment or care in conflict with a physician's order, or in quantities which inhibit effective care or treatment;
- Do not follow accepted treatment practices and standards of care in the field of developmental disabilities, such as the use of aversive procedures (painful or noxious stimuli); or
- Violate a policy, law, or regulation of the District of Columbia or federal government.

5. **Exploitation:** The illegal or improper act or process of an employee, contractor, consultant, volunteer, or intern, using the resources of an individual for their own monetary or personal benefit or gain.

This may include, but is not limited to:

- Coercion or manipulation of an individual to spend his or her own personal funds for something the individual may not have use for; and
- The soliciting of gifts, funds, labor, or favors;

6. **Self Abuse:** Self inflicted injury or act towards self, for which there is no staff intervention.

**Neglect:** The failure to provide sufficient, consistent, or appropriate services, treatment, or care that harms or jeopardizes the individual's health, safety, or welfare, such as:

- The failure to report or act on health problems of the individual or changes in his or her health condition;
- Lack of attention to the physical needs of an individual, including personal care, hygiene, meals or appropriate nutrition, shelter, and safety;
- Failure to carry out a plan of treatment or care prescribed by a physician or health care professional;
- Failure to provide services or supports as indicated by the individual's plan of care; or
- Failure to provide proper supervision to the consumer as required within a plan or by a court.

**Serious Physical Injury:** Any severe harm to an individual that results in a medical emergency that requires immediate assessment and intervention by a physician, physician's assistant, dentist, nurse practitioner, or other licensed medical practitioner, such as:

- Fracture;
- Injury requiring sutures;
- Injury to an eye;
- Ingestion of a toxic substance;
- Severe injury by a sharp or dangerous object;
- Injury accompanied by a loss of consciousness;
- Electric Shock;
- Loss or tearing of a body part;
- Third degree burn; and
- Any other severe injury

**Physical Injury:** Any harm to an individual that requires treatment or medical care greater than routine first aid, but does not result in a medical emergency, such as:

- Ingestion of a nonfood substance that may threaten the individual's health, unless it is addressed in the individual's behavior support plan;
- First or second degree burn;
- Sprain;
- Allergic reaction;
- Bruise;
- Human or animal bite;
- Sunburn;
- Abrasion
- Loss of fingernail/toenail due to trauma;
- Loss of teeth due to trauma; and
- Puncture wound

Note: (A) Any injury, such as those listed above, that results in a medical emergency or the assistance of emergency personnel would be reported as a Serious Reportable Incident (ex., Emergency Inpatient Hospitalization, or Incident Requiring Services or Emergency Personnel).

**Improper/Unauthorized Use of Restraints:** Improper use or unauthorized use of restricted control procedures, as defined in the Behavior Support policies of MRDDA. This includes the emergency or unauthorized use of physical, mechanical, or chemical restraint, procedures which restrict access to personal property, which require a person to do something he or she does not want to do, or removes something the person owns or has earned.

**Serious Medication Error:** Any medication error that requires or could require observation or treatment by a physician, physician's assistant, or nurse practitioner in a hospital, emergency room, or treatment center.

Any medication error that causes or could cause an individual to experience markedly adverse side effects that may require nursing attention, but not requiring professional medical attention, such as a missed dosage of thyroid or seizure medication; and

The administration of medication to the wrong individual.

#### Other Medication Error

Examples of medication errors are:

1. Incorrect Administration
  - The administration of medication in an incorrect form or dosage;
  - An incorrect method of administration, or one which has not been prescribed or ordered;
  - The administration of a medication to the wrong individual;
  - The failure to administer a prescribed medication of one or more dosage periods;
  - Medication administered by unauthorized and/or improperly trained staff; and
  - Medication administered at the wrong time (early or late)
2. Documentation Error
  - Error in recording the administration of medication or failure to follow agency procedures for medication administration.

3. Physician or Pharmacy Error

**Emergency Inpatient Hospitalization:** Any illness or medical condition that results in emergency in patient hospitalization of an individual for unplanned medical procedures, including but not limited to: surgery, medical observation, or testing.

**Hospitalization:** Unplanned hospitalization or emergency room visit for treatment of a chronic physical or mental illness or condition (ex. an illness or medical condition that results in an emergency room visit, but does not require inpatient hospitalization).

Note: If emergency personnel take an individual to a hospital emergency room, the incident should be reported as a Serious Reportable Incident (Incident Requiring the Services of Emergency Personnel).

**Suicide Attempt or Threat:**

1. A suicide attempt is an individual's attempt to kill himself or herself.
2. A suicide threat is an individual's verbal, nonverbal, or written threat to kill himself or herself, unless such threats are addressed in the individual's behavior support plan.

**Suicide Threat Addressed in a Behavior Support Plan:** suicide threats addressed in the individual's behavior support plan. This situation is to be treated as a Reportable Incident and not a Serious Reportable incident.

**Missing Person:**

1. The unexpected or unauthorized absence of any duration for an individual whose absence constitutes an immediate danger to that individual or others.
2. For a person with the capacity to be without supervision for an amount of time as documented in the person's ISP, the unexpected or unauthorized absence of the individual for an amount of time that exceeds the time specified in the ISP.

**Theft of An individual's Personal Property or Funds:** Any intentional or unintentional theft, taking or destruction of an individual's property or funds, whether it is suspected or confirmed by anyone other than the individual, without permission or legal authority.

**Theft By an individual of an individual's Personal Property or Funds:** shall be treated as a Reportable, but not a Serious Reportable, Incident if that behavior is addressed in the offending individual's behavior support plan.

Theft, taking, or destruction of personal property may include, but is not limited to:

1. Loss of funds;
2. Unauthorized withdrawal or use of funds;
3. Use of an individual's funds for activities not related to the individual;
4. Borrowing of an individual's funds or property without permission; and
5. Destruction or taking of personal property.

Note: The inclusion of property theft or destruction in a behavior plan does not preclude the requirement for restitution for any stolen or destroyed property of an individual.

**Incident Requiring the Services of a Law Enforcement Agency or Emergency Personnel:** Any assistance or intervention by paramedics, law enforcement, or firefighting personnel. If no assistance or services were rendered, the incident falls under other.

**Vehicular Accident:** Any vehicular accident involving an individual, without injury. Any injuries to individuals that require medical attention should be reported as a serious physical injury.

**Theft of Provider's Property or Funds:** is a Reportable Incident. Any intentional or unintentional misuse of a provider's property or funds, without permission or legal authority.

#### IV. THE INCIDENT MANAGEMENT COORDINATOR (IMC)

MarJul Homes, Inc. The IMC is appointed by the Program Director/Chief Executive Officer (Administrator). The IMC shall receive specialized training and will:

1. Facilitate the review and investigation of all reported incidents, as specified by this policy;
2. Provide technical assistance to management and staff regarding MarJul Homes, Inc.'s Incident Management System;
3. Provide technical assistance to management and staff in the completion of the Incident Report Form;
4. Ensure written incidents are documented on the standard Incident Report Form;
5. Ensure that incidents are investigated in a timely manner and that they are documented and signed;
6. Input online incident reporting to the DDS/MRDDA/MCIS management system;
7. Serve as a member of MarJul Homes, Inc.'s standing Incident Review Committee;
8. Coordinate pre/in service competency-based training regarding the Incident Management System of the agency and DHS/MRDDA;
9. Maintain incident management tracking system for presentation at the monthly standing Incident Review Committee. Further, prepare an aggregate summary of all incidents including the total number of incidents by type and other trends that may be appropriate, and then submit for review; and

10. The tracking system will include date/time of incidents, type, resident name, location, category, investigator, date entered into MCIS, MCIS status, and any other useful information.
11. Ensure that monthly letters listing consumer incidents are prepared and distributed by the respective QMRP on each individual. The list must contain information such as date of incident, category, outcome summary, and present status of the individual. This letter should be provided monthly to the DDS/MRDDA case managers, individual attorney, guardian/advocate and any other deemed appropriate individual.

## **V. STANDING INCIDENT REVIEW COMMITTEE**

As part of the Incident Management System, MarJul Homes, Inc. has established a standing committee to routinely review and assess all reportable/serious incidents and develop corrective action designed to protect/prevent individuals from harm entrusted in the care of DDS/MRDDA. As such, the following guidelines must be applied:

Meetings must be held, minimally, on a monthly basis or more frequently as needed. Minutes shall be recorded to document each meeting. To ensure that effective actions can be implemented to reduce or prevent harm to individuals, attendance at meetings shall be mandatory and representative of:

- MarJul Homes, Inc. QMRP (management personnel)
- MarJul Homes, Inc. Program Director
- Team Leader;
- Home Supervisor;
- Individual advocates or representatives;
- MarJul Homes, Inc. Incident Management Coordinator;
- Quality Assurance Consultant and
- Any invited guests (i.e. guardians, family members, attorneys, DDS case manager, etc.)

Monthly, the committee will meet to review the monthly trend analysis of individual incidents prepared by Incident Management Coordinator. The committee will be chaired by the Incident Management Coordinator.

Based on the data compiled at monthly meetings, the committee shall:

- Identify ways in which employees and other involved persons can reduce the number of incidents;
- Monitor the implementation of all plans, consistent with its responsibilities for prevention and correction;

- Document conclusions, recommendations, and actions resulting from the monthly meeting;
- Prepare recommendations for policies, procedures, and competency-based staff training, to provider agency management officials, to improve quality of care, and assure the health and safety of people with developmental disabilities;
- Identify various program strategies to prevent incidents from occurring or reoccurring; and
- Conduct review, at least monthly, of high-risk individuals who had; 1) three or more reportable incidents during the preceding month; or 2) one or more serious incidents in the preceding month, or two or more serious incidents in the past year.

#### A. RESPONSIBILITIES OF THE INCIDENT REVIEW COMMITTEE

- Determines how incidents/injuries occurred and identify preventative measures that could have been taken (if any) that can help employee and other involved persons to reduce the number of incidents.
- Identify, is possible, any additional information needed to determine the cause or circumstances of incidents, with a plan to collect such information;
- Identify trends based on historical information that could facilitate future prevention of incidents;
- Modify, if necessary, preliminary management actions;
- Review trend analyses of individual incidents on, at least, a monthly basis.
- Ensure that agency investigations have occurred within five days of incident occurrence;
- Determine if there is a relationship among other reported incidents, and if so, review or investigate the pattern;
- Document conclusions, recommendations, actions and the effect of actions resulting from the monthly meetings;
- Prepare recommendations for policies, procedures and staff training to MarJul Homes, Inc. management, to improve the quality of care and ensure the health safety of residents, as well as ensure the safety of MarJul Homes, Inc. employees and visitors to residents;
- Identify and monitor program strategies to correct and/or prevent incidents from occurring or reoccurring;

In addition, the Incident Review Committee will prepare meeting minutes and, if applicable, supporting documentation summarizing their actions to the Program Director/Chief Executive Officer and the MarJul Homes, Inc. Human Rights Committee.

Copies of meeting minutes and analyses of incident data, as well as copies of provider's investigative reports shall be maintained on file in a secured manner for a period of at least seven (7) years and made available to surveyors upon request.

## VI. INCIDENT CLASSIFICATIONS/ INCIDENT MANAGER COORDINATOR'S REPORTING REQUIREMENTS

### A. INCIDENT CLASSIFICATION

<u>Reportable Incidents</u>	<u>Serious Reportable</u>
<b>**All notifications must be made within 24 hours**</b>	
Property Damage	Death
Medication Error	Allegation of Abuse
Missing Person (non vulnerable/non-threatening)	Serious Physical Injury
Hospitalization	Serious Medication Error
Physical Injury	Improper Use of Restraints
Vehicle Accident	Theft of Personal Property or Funds from Individuals
Ingestion of harmful substance	Emergency Inpatient Hospitalization
Aspiration	Suicide Attempt or Threat
Overuse of Chemical Restraints	Missing Person (vulnerable/threat)
Burns	Incident Requiring Law Enforcement Or Emergency Personnel
Other	Other

### B. INCIDENT REPORTING

#### 1. Verbal Reporting

Any person (i.e. employee, subcontractor, consultant, volunteer, or intern of a provider agency or governmental agency) who witnesses, discovers or is informed of a Serious Reportable Incident, as defined by this policy, must immediately verbally report the incident as follows:

Note: An individual who witnesses, discovers, or is informed of a Serious Reportable Incident shall also verbally report the incident.

#### a. Deaths

In the case of an individual's death, persons shall immediately call:

- 911 (if the death occurred in the home or anywhere except a hospital setting)
- The Metropolitan Police Department (MPD) (if the death occurred in a hospital) at 202-727-9099



- The Office of the Chief Medical Examiner at 202-698-9000
- The Department of Health/Health Regulations Administration (for ICF/MRs and District licensed group home facilities and services) at 202-442-5833;
- Answers Please at INFO 211 (202-463-6211);
- The immediate supervisor or manager on duty;
- The Chief Executive Officer (Administrator)/Program Director or designee
- The individual's residential provider (if the death occurred at a place other than the residential facility);
- The individual's parent or guardian, unless otherwise documented; and
- The individual's case manager

## **2. All Other Serious Reportable Incidents**

Upon the occurrence of a Serious Reportable Incident, other than a death, staff shall immediately call:

- a. Emergency personnel, as needed, via 911;
- b. The Metro. Police Dept. (MPD) (if the incident involved criminal misconduct) at 202-727-1010;
- c. Answers Please at INFO 211 (202-463-6211)
- d. The Chief Executive Officer(Administrator)/Program Director or designee
- e. The immediate supervisor or manager on duty;
- f. The Department of Health/Health Regulations Administration (for ICF/MRs and District licensed group home facilities and services) at 202-442-5833;
- g. Adult Protective Services (for alleged abuse of individuals over 18 years);
- h. Child Protective Services (for alleged abuse of individuals under 18 years of children by individuals);
- i. The individual's residential provider (if the serious reportable incident occurred at a place other than the residential facility)
- j. The individual's parent or guardian, unless otherwise documented; and
- k. The individual's case manager.

## **3. Contents of Verbal Report**

A verbal report shall include:

- a. The name of the person involved in the incident;
- b. The date and time of the incident's occurrence or discovery
- c. A description of the incident (including any injury); and
- d. A description of the immediate actions taken to protect the individuals involved from further harm.

## **4. Emergency Reporting Procedures (ANSWERS PLEASE/OIC)**

Upon receipt of a verbal report of an individual death or allegation of abuse (physical, sexual, verbal, psychological, self abuse, mistreatment, exploitation or neglect), DHS ANSWERS PLEASE shall immediately notify the MRDDA Office of Investigation and Compliance (OIC) Rapid Response Office of the incident. The OIC Rapid Response Officer shall immediately contact the initial reporting party to provide any assistance necessary, to include ensuring that all required notifications are completed (i.e. Metropolitan Police Department, Office of the Chief Medical Examiner).

Additionally, for other serious reportable incidents, ANSWERS PLEASE may contact the OIC Rapid Response Officer, as needed, for assistance.

**NOTE: During business hours (Mon-Fri from 8:15am – 4:45pm), ANSWERS PLEASE should contact the case manager. During non-business hours (Mon-Thurs and Fri-Sun from 4:46pm – 8:14am), weekends and holidays, ANSWERS PLEASE should contact the Rapid Response Officer.**

**5. Reportable Incidents Not Required To Be Verbally Reported - (Level 3)**

Reportable incidents that are not defined as serious are not required to be verbally reported outside of MarJul Homes, Inc. However, MarJul Homes, Inc. Incident Management Coordinator (IMC) or designee should verbally notify the individual's DDS/MRDDA case manager of all incidents that occur with their individuals – whether reportable or serious reportable. Verbal reporting shall not be used as a substitute for written reports.

**C. WRITTEN REPORTING**

**1. Serious Reportable Incidents**

DDS/MRDDA Incident Report Forms shall be completed on all Serious Reportable Incidents and forwarded to OIC by electronic transmission to the following within 24 hours and faxed to the following entities:

- a. Enter incident in DDS/MRDDA MCIS system
- b. The Office of the Inspector General
- c. The Department of Health/Health Regulations Administration (DOH/HRA) (for ICF/MRs and District licensed group home facilities and services) 202-442-9430
- d. The Department of Health/Medical Assistance Administration (DOH/MAA) (for individuals receiving Medicaid funded services).

<u>Fax Numbers:</u>	DDS/MRDDA/OIC	202 730-1841
	DOH/Health Regulations Admin	202 442-9430
	DOH/Medical Assistance Admin	202 442-4799

## **2. Reportable Incidents**

Incident report forms must be completed for all reportable incidents on the DDS/DHS/MRDDA Incident Report Form. These incident reports (to include all internal investigative documents) are to be maintained at MarJul Homes, Inc. and be used to prepare the monthly trending and tracking report. Incidents Reports for reportable incidents shall be made available to all DDS/MRDDA Case Management Coordinators, MRDDA/OIC Investigators, the Evans Court Monitor and surveyors upon request.

## **3. Online Reporting**

All incident reports, both reportable and serious reportable, shall be entered by the Incident Management Coordinator, or designee, into the MRDDA/MCIS data system. Serious Reportable Incidents shall be entered within 24-hours of notification, and Reportable Incidents shall be entered within five (5) business days of the incident. The written copy shall be maintained by MarJul Homes, Inc. according to the Records Maintenance procedure in section VII D.

## **C. INITIAL AGENCY FATALITY REVIEW**

Within 24 hours of the death of an individual, MarJul Homes, Inc. (residential site, hospital, nursing home, natural home) shall forward the entire individual's in house records to the DDS/MRDDA Office of Investigation and Compliance (OIC) (programmatic and medical). Additionally, MarJul Homes, Inc. shall forward by facsimile, electronic transmission or hard copy a completed Initial Agency Fatality Review Form to the DDS/DHS/MRDDA Incident Management Unit.

# **VII. INCIDENT INVESTIGATION**

All incidents will be investigated. The investigation must begin immediately upon receiving a report of an incident. The final investigative report must be submitted not later than 5 working days following the initial incident report. Testimony must be written, signed and dated by the witness, and the signature of an observer/interviewer.

## **A. Conduct of Investigations**

1. All Serious Reportable Incidents shall be initiated by MarJul Homes, Inc. Incident Management Coordinator (IMC) or designee within 12 hours after the incident was witnessed, discovered, or the provider was informed that the incident has occurred. Reportable incidents shall be investigated

as required by internal agency policy, as determined by MarJul Homes, Inc. IMC or in accordance with District and/or Federal regulatory requirements.

2. Provider agencies will be responsible for initiating internal investigations of all Serious Reportable Incidents, as defined by this procedure, unless they have been directed not to do so, officially, and in writing, from an authorized governmental entity, which may include:
  - DDS/MRDDA Office of Investigation and Compliance (OIC);
  - D.C. Office of Corporation Counsel;
  - Metropolitan Police Department;
  - Federal Bureau of Investigation (FBI);
  - U.S. Attorney's Office; or
  - D.C. Office of Inspector General.
3. The DDS/MRDDA Office of Investigation and Compliance (OIC) will instruct MarJul Homes, Inc. not to initiate an investigation and will investigate all Serious Reportable Incidents when:
  - The allegation of harm involves the "Executive Director", or there are other circumstances of possible or apparent conflict of interest;
  - DHS/OIC has sufficient cause to believe that MarJul Homes, Inc. investigation capacity is inadequate to perform the task; or
4. Investigations shall be conducted only by employees of MarJul Homes, Inc. who have completed competency-based investigative training conducted or approved by DDS/MRDDA/OIC. Providers shall designate sufficient numbers of employees to receive training. Assignments shall be made from a list of trained investigators on a rotating basis, unless circumstances indicate that a particular employee should not be selected in order to maintain the integrity of the investigative process.
5. Upon assignment, the investigator shall be given full authority for the investigative process. Prior to the investigation, the investigator may find it necessary to direct other agency personnel to take immediate actions to preserve evidence that is crucial to the investigatory process until he or she can be physically present at the site. MarJul Homes, Inc. shall ensure that all employees will comply with directions given by the assigned investigator. Further, the investigator is to receive the full cooperation of MarJul Homes, Inc. program managers and employees in regard to:
  - Availability of staff and, to the extent possible, any other potential witnesses or knowledgeable persons;
  - Program documentation;
  - Access to locations; and
  - Other needs the investigator determines to be important to the investigation.

6. MarJul Homes, Inc. is required to ensure that employees, consultants, subcontractors, interns, and volunteers are advised of their obligation to participate in any investigation that is being conducted by MarJul Homes, Inc., DDS/OIC, or any other authorized government agency. This process may include being interviewed, preparing a written statement for an authorized investigator (perhaps on more than one occasion), and providing access to records relevant to the investigation.
7. MarJul Homes, Inc. shall ensure that the investigative process reflects procedures for the following:
  - Identification, collection, and preservation of the evidence (testimonial, documentary, demonstrative, and physical evidence);
  - Assessment of the evidence;
  - Determination of findings, conclusions, and recommendations; and
  - Quality assurance follow-up to ensure recommendations have been implemented.
8. Employees who are alleged to have committed any form of abuse or neglect will be immediately placed on leave or reassigned to a position that does not allow any contact with individuals, until the results of the investigation are complete. Requests for exceptions to this requirement must be submitted to OIC in writing.

Note: Before an employee may be reinstated following an investigation, written approval must be received from DDS/OIC.

9. All injuries alleged or suspected of being the result of any form of abuse shall require examination by a physician, nurse practitioner, physician assistant, or other licensed medical professional qualified to make a medical assessment of the injury.
10. MarJul Homes, Inc. Incident Management Coordinator and/or investigators will consult as needed with their assigned DHS/OIC regarding any matter relating to an investigation.
11. Provider investigators shall collect the following types of evidence, if relevant:

Testimonial evidence, by interviewing, one person at a time:

- Any victims of the incident;
- Any witnesses with relevant information regarding the incident, including individual, staff, or other persons; and
- The determined target of the investigation;

Documentary evidence, where relevant, such as:

- Progress notes maintained for the individual;
- Past and present ISPs and IHPs developed for the individual;
- In-house program log books and staff communication logs;
- Staffing schedules or assignment sheets;
- All medical information (past/present), such as seizure activity and injury reports
- Background or historical information;
- Sleep charts and records;
- Medication administration records;
- Personal hygiene (toileting, bathing, etc.) records;
- Behavior programs and supporting documentation;
- Relevant incident reports;
- Research material;
- Business records (such as financial information; if relevant); and
- Any other relevant documentary evidence that can be used to support or refute a particular aspect of the investigation;

Demonstrative evidence, such as photographs of injuries or diagrams of the incident site, properly identified; and

Any relevant physical evidence properly identified and secured.

12. Except as noted below, all investigations conducted by a MarJul Homes, Inc. investigator shall be completed within five (5) workdays of the incident being witnessed or discovered, unless an extension is approved, in writing, by DHS/OIC for good cause.

Note: ICF//MRs facilities serving individuals being funded by Medicaid (i.e. Homes and Community Based Waiver individuals) must follow three guidelines – Federal requirement 483.420 (d)(2) indicates: MarJul Homes, Inc. must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures.

483.420(d)(3) indicates: MarJul Homes, Inc. must have evidence that all alleged violations are thoroughly investigated and must prevent further abuse while the investigation is in progress.

483.420(d)(4) indicates: “The results of all investigations must be reported to the administrator or designated representative or to

other officials in accordance with State law within **five working days** of the incident.

**B. Investigation Reports**

MarJul Homes, Inc. investigation reports shall be written in a uniform format provided by DDS/MRDDA/OIC, and submitted to DDS/MRDDA/OIC with all supporting documentation within five (5) workdays of the completion of the investigation. MarJul Homes, Inc. investigative reports should be reviewed and approved by MarJul Homes, Inc. Incident Management Coordinator prior to being submitted to DDS/MRDDA/OIC.

The report will include a summary of findings and a determination as to whether or not the allegations or suspicions were substantiated, unsubstantiated, or inconclusive. It shall also include recommendations for preventative or corrective action.

**C. Records Maintenance**

Each Incident Report Form and associated investigation records shall be maintained in an administrative file that is separate from the records of the individuals involved.

MarJul Homes, Inc will be responsible for maintaining all investigation reports and other relevant information related to serious incident investigations in a secured, organized file format for a minimum period of seven (7) years.

**MARJUL HOMES JOB DESCRIPTION**

Attachment #5

**QUALIFIED MENTAL RETARDATION PROFESSIONAL (OMRP)**

**SUPERVISOR:** Program Director  
**WORKPLACE:** MarJul Homes, Inc. Facilities as Assigned  
**EMPLOYMENT TYPE:** Professional - Salaried  
**WORK HOURS:** As Required - 40 Hours Wk.  
**MINIMUM EDUCATION:** B.A. Degree in Human Services or related field, RN or MD.  
Experience with Developmentally Disabled Persons preferred.  
**MINIMUM EXPERIENCE:** 1 Year Direct Experience working with Mentally Retarded Citizens and Good Writing and Organizational Skills Required.  
**OVERALL JOB RESPONSIBILITY:** Supervising the delivery of each customers plan of care, supervising the delivery of training and habilitation services, Integrating the various aspects of the ICF/MR program, recording each customers progress and initiating a periodic review of each individual plan of care for necessary changes.  
**EVALUATIONS:** On Anniversary Date or MarJul Homes, Inc. Defined Schedule, Using MarJul Homes, Inc. Provided Instrument and Individual Meeting As Demonstrated by Performances on Medicaid and/or District Regulations Survey.

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**Planning:**

1. Integrate professional staff assessments and recommendations for resident care to develop an Individual Habilitation Plan, -annually, or more often if indicated.
2. Develop and train-staff on resident Individualized Program Plans service delivery.
3. Develop and implement a monitoring system to assure residents are getting a full array of indicated services.
4. Implement training programs for residential counselors, and assist professional staff on an as-needed basis, to deliver same, per Medicaid standards.
5. Assist in developing guidelines for staff evaluation on resident service delivery, and overall job performance.
6. Develop scheduling of required and necessary meetings to effectuate guidelines for feedback.
7. Notifies appropriate individuals in writing at least 14 days (preferably 30 days) in advance of meetings such as IHP, IPP and special functions.



**Coordination:**

1. It is the responsibility of QMRP to convene a meeting with the Home Supervisor and all team leaders to every other Friday at 11:00 am to plan the upcoming week's events (including medical appointments, court dates, etc.), anticipated issues for the weekend, and unresolved issues.
2. Conduct, review and/or amplify staff evaluations made by supervisors.
3. Arrange for inspections of prospective residences.
4. Coordinate with consultants, nurse, counselors, and other agencies or involved bodies on development and implementation of customer care practices and services, according to the IPP.
5. Schedule and monitor contracted professional treatment for customers.
6. Monitors program on all shifts and makes recommendations to Program Director and or consultants as appropriate.

**Supervision:**

1. Provide specific and criterion-oriented work instructions that supplement each supervisee's job description (Home Supervisor, Team Leaders & Program Assistants).
2. Review the performance of each supervisee on specific assigned tasks and on general job performance and provide feedback routinely.
3. Make recommendations on transfers, terminations, and promotions of all supervisees with proper documentation to the Program Director.
4. Monitor routine elements of customer care, training, treatment, and other standards in the home, according to IPP.
5. Oversee coordination between trainers, consultants, and staff for all training, evaluation, and feedback efforts.
6. Reviews each resident's IPP monthly to ascertain whether the plan was followed (consult with respective consultants).
7. Monitors data collection daily and notify direct care staff of deficiencies and makes plan of correction.
8. Supervise implementation of Behavior Management Plans.
9. Assure that direct care staff is following meal plans and portions as directed by the dietitian by monitoring two (2) meals per week in each facility.

**Implementation, Assessment, and Reporting:**

1. Assist in pre-service and advanced workshop training as needed by the objectives or training and skills of other staff.

2. Conduct program consultation duties as are defined in concert with others in the training program, according to IPP.
3. Share in the conduct of evaluation activities as defined in concert with others in the training program, according to the IPP.
4. Provide customer care staff with advice and assistance at any hour of the day or night, including direct work within the home to cover for absent staff in emergency situations.
5. Purchase or arrange for specific articles of need for use in the home or other program components (i.e., educational materials, adaptive equipment; etc.).
6. Writes quarterly progress notes after quarterly reviews and files them by the 10th of the following month
7. Write components of reports for internal residence distribution, for compliance with DHS contract requirements, and for professional dissemination.
8. Visits day program on a monthly basis and includes the report in the quarterly review.
9. Participates in administrative meetings with the Program Director and others as appropriate.
10. Responsible for appropriate accounting of Resident's finances.
11. Upholds resident's rights adhering to policies and procedure, conducts immediate investigation of all incidents, refer unusual incidents to the Program Director.
12. Orients all new direct care staff as appropriate.
13. Monitors the' resident's folder weekly and files materials in an orderly fashion.
14. Represents the agency for resident's court hearings.
15. Files the in-service, human rights and infection control committee reports, menus and menu receipts, staff schedule and pharmacy receipts regularly in an orderly fashion.
16. Available for on call for facilities crisis and emergencies at all times.
17. Responsible for federal and local inspections.
18. Makes recommendations as needed to enhance program.
19. Monitor within a pay period; three A.M. shifts, three evening shifts, and one weekend shift.
20. Working time is flexible, however, if the administration feels flexibility is not working properly, the Program Director/Administrator will assign regular schedule.
21. Other duties are as assigned.

Task Examples

Yearly:

- Help compile and prepare reports on program operations.
- Help conduct yearly staff performance evaluations.
- Provide input to contract and grant narratives.
- Implement recommendations of standards assessments (quality assurance) and BCS consultant team.

Quarterly:

- Meet with standards assessment advisors and BCS consultants.
- Writes quarterly progress notes after quarterly reviews and files them by the 10th of the following month

Monthly:

- Review and implement specific monthly plans for home operations and other major components (e.g., social work and IPP compliance).
- Visits day program on a monthly basis and includes the report in the quarterly review.
- Convene and facilitate house specific staff meetings which are held at each respective facility.
- Participate in bi-monthly/monthly case review meetings
- Make inspections of:
  - 1.) each supervisee's personnel folder to assure accuracy in inclusion of all documents generated over the month, and
  - 2.) each customer's record to insure accuracy and inclusion of all documents.

Twice-Monthly:

- Meet with Program Director to review plans and policies and propose short-range solutions to evident problems.

Weekly:

- Assign specific tasks to team leaders and program assistants as required.
- Review and evaluate outcomes of staff efforts and program activities.
- Maintain a monthly census of all customers.
- Maintain liaison with Program Director, contract professionals, team leaders and program assistants.
- Conduct specific training, consultation, evaluation, and feedback activities.
- Provide both general and specific advice to home staff as required.
- Fill out the Administrator's Weekly Report and deliver to the business office.
- Write reports, reviews, articles, or other documents for the home, or professional dissemination.

SALARY :\$ \_\_\_\_\_

\_\_\_\_\_  
QMRP SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PROGRAM DIRECTOR SIGNATURE

\_\_\_\_\_  
DATE

Attachment 3

**MARJUL HOMES INC.  
160 BRYANT STREET, N.W.  
WASHINGTON, DC 20001**

**TO: All Employers**

**FROM: Marshall Gahagan, Administrator  
Julia Towson, Program Director**

**SUBJECT: New Positions**

**DATE: August 1, 2007**

**Jackie Wilder - QMRP**  
**Mary Sesay – Home Supervisor**  
**Monica Singleton – Team Leader at**  
**Men's House -4pm -12pm**

**MARJUL HOMES, INC.**  
**INSERVICE/ORIENTATION TRAINING**

Title of Training Train The trainer Date: 8/15/07  
 Location of training 160 Bryant Street NW  
 Time of Session 2:00 pm Number of sessions 1  
 Length of sessions \_\_\_\_\_

Topic Review of Behavior Support Plans & Behavior  
Data Collection - Arkansas Avenue, NW

Resources: (list publications and handouts, if any) Behavior Support Plans  
& ABC Data Sheet

Signature and title of presenter: John A. Wilson, PhD

NAME	POSITION/SHIFT	SIGNATURE
1. <u>Jacqueline Wilkins</u>	<u>QMRP</u>	<u>Jacqueline Wilkins</u>
2.		
3.		
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18.		
19.		
20.		

ATTENDANCE: 1

BETHESDA LUTHERAN HOMES AND SERVICES, INC.  
Watertown, Wisconsin

BASIC SIGN LANGUAGE I

Instructor's Guide

I. Components

- A. Video Tape
- B. Instructor's Guide
- C. Learner Worksheets
- D. Competency Measure

II. Objectives

- A. The learner will identify the need for teaching functional signs among people with mental retardation.
- B. The learner will identify two situations in which supplemental signs may be used among people with mental retardation.
- C. The learner will identify ten functional words given the signs for them.
- D. The learner will demonstrate ten functional signs given the words for them.
- E. The learner will identify three basic principles to follow when teaching functional signs to people with mental retardation.
- F. The learner will state the need for all staff to reinforce the signs learned.

III. Suggested Format for Training Session

A. Introduce the topic:

"One of the most important keys to learning and functioning in society is communication. Anyone who has experienced the frustration of a language barrier in a foreign country knows something about the helpless feeling of not being able to make your needs known.

As workers with people with developmental disabilities, we need to use every communication advantage we have. One of those advantages may be the use of basic sign language.

After viewing this tape, you should be able to:

- 1. Identify the need for teaching functional signs among people with mental retardation.
- 2. Identify two situations in which supplemental signs may be used among people with mental retardation.

3. Identify ten functional words given the signs for them.
  4. Demonstrate ten functional signs given the words for them.
  5. Identify three basic principles to follow when teaching functional signs to people with mental retardation.
  6. State the need for all staff to reinforce the signs learned.
- B. Hand out the worksheets and pencils.
  - C. Start the video tape.
  - D. At the conclusion, answer any questions.
  - E. Collect the worksheets.
  - F. Have learners complete the competency measure.

#### IV. The Worksheets

- A. Check the worksheets and demonstrations for accuracy. The tape may be viewed a second time for increased competency.
- B. If you wish, the entire set of worksheets may be used to demonstrate how well staff listened to the tape.
- C. The Competency Measure should reflect an 80% accuracy score. File them in an appropriate area to retain as a record of competence.

#### V. Staff Development Description

- A. A Staff Development description manual can be kept to use as a reference.
- B. You can number each tape and corresponding description to cross reference attendance records if you wish.
- C. Evaluation of the session can go beyond the competency measure provided in this packet. You may wish to measure behavior or effect on this organization. If you do, fill in these areas on the description sheet.

BETHESDA LUTHERAN HOMES AND SERVICES, INC.

Watertown, Wisconsin

STAFF DEVELOPMENT SESSION DESCRIPTION

Circle One: ORIENTATION      TRAINING      EDUCATION      INFORMATION

Title: BASIC SIGN LANGUAGE I

Identification Number:

Instructor: David Morstad

Sandra M. Karenz

Qualifications: Morstad - Director of Training/Bethesda Lutheran Homes & Services, Inc.  
Karenz - M.S., CCC, Speech Pathologist/Speech-Language Pathologist

Date Accepted:

Objectives for the trainee: (What do you want them to learn)

- A. The learner will identify the need for teaching functional signs among people with mental retardation.
- B. The learner will identify two situations in which supplemental signs may be used among people with mental retardation.
- C. The learner will identify ten functional words given the signs for them.
- D. The learner will demonstrate ten functional signs given the words for them.
- E. The learner will identify three basic principles to follow when teaching functional signs to people with mental retardation.
- F. The learner will state the need for all staff to reinforce the signs learned.

Description of delivery of session (lecture, film, handouts, etc.):

Videotape

Worksheets

Time length of session: 28 minute videotape + discussion

Evaluation of Development Session (How will we measure if objectives are met?)

Knowledge gain: Competency Measure

Behavior change:

Effect on organization:



BETHESDA LUTHERAN HOMES AND SERVICES, INC.  
Watertown, Wisconsin

BASIC SIGN LANGUAGE I

Learner Worksheets

**Instructions:**

1. Fill in your name on every page.
2. Follow along the video presentation with this handout.
3. Fill in any blanks with the correct word/s.

Your Name: \_\_\_\_\_ Position: \_\_\_\_\_

Other Identification: \_\_\_\_\_

**BEGIN TAPE**

Sign language is the \_\_\_\_\_ most common language used in the U.S. Our society values \_\_\_\_\_. There are two situations in which the use of sign language may be indicated when working with people with developmental disabilities. They are:

1. \_\_\_\_\_
2. \_\_\_\_\_

Many signs have as their basis the \_\_\_\_\_.

Put pencils down, follow along with the tape and do the signs as indicated.

Learning signs is very much like learning how to speak in that it is a \_\_\_\_\_ process.

Put pencils down, follow along with the tape and do the signs as indicated.

Write the signs in the order they appear in the scene.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_

Put pencils down, follow along with the tape and do the signs as indicated.

Three basic principles to follow when teaching functional signs to people with mental retardation are:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Main points to keep in mind when teaching basic signs are:

1. What is \_\_\_\_\_?
2. What will give this person the most \_\_\_\_\_  
and \_\_\_\_\_?

END OF VIDEO

At the end of this tape, review this list of signs:

Happy	Pain	Please
Sad	T.V.	Thank you
Water	Phone	Work
Medicine	Yes	Friend
Toilet	No	Go
Good	Sleep	Time
Bad	Eat	Soda/Pop
Home	Angry	Buzz off

DM:hsh  
890508

**BASIC SIGN LANGUAGE I**

Competency Measure

1. Sign language is the \_\_\_\_\_ most common language used in the United States.
2. Two situations which may indicate the use of sign language are:
  - a. \_\_\_\_\_
  - b. \_\_\_\_\_
3. Many signs have \_\_\_\_\_ as their basis.
4. Three basic principles to follow when teaching functional signs are:
  - a. \_\_\_\_\_
  - b. \_\_\_\_\_
  - c. \_\_\_\_\_
5. Main points to keep in mind when choosing signs to teach are:
  - a. \_\_\_\_\_
  - b. \_\_\_\_\_
6. Do the signs for the following words:

Happy	Pain	Please
Sad	T.V.	Thank you
Water	Phone	Work
Medicine	Yes	Friend
Toilet	No	Go
Good	Sleep	Time
Bad	Eat	Soda/Pop
Home	Angry	Buzz off

THE FINAL 2 MINUTES OF THE VIDEOTAPE MAY ALSO BE USED TO MEASURE COMPETENCE.

BETHESDA LUTHERAN HOMES AND SERVICES, INC.  
WATERTOWN, WISCONSIN

**BASIC SIGN LANGUAGE II**

INSTRUCTOR'S GUIDE

- I. Components
  - A. Video Tape
  - B. Instructor's Guide
  - C. Learner Worksheets with Competency Measure
  - D. Staff Development Session Description
- II. Objectives for the Learner
  - A. The learner will review and demonstrate the signs learned in Basic Sign Language I.
  - B. The learner will list advantages of using sign language among people with mental retardation.
  - C. The learner will list and describe other communication clues; e.g., facial expression, environmental and other circumstances.
  - D. The learner will identify ten (10) functional words given the signs for them.
  - E. The learner will identify ten (10) functional signs given the words for them.
  - F. The learner will list reasons why all staff should reinforce learned signs.
- III. Suggested Format for Training Session
  - A. Introduce the Topic

"Sign language, like any language, is a complex thing. No language can be learned in one or two training sessions. As we strive to improve the quality of life for people with mental retardation, however, we need to use every means we can to increase their ability to communicate wants, needs and preferences. Some simple techniques taken from the language of signing can help us do that.

After viewing this videotape and following along with the learning packet you will be expected to:

1. Review and demonstrate the signs learned in Basic Sign Language I.
  2. List advantages of using sign language among people with mental retardation.
  3. List and describe other communication clues; e.g., facial expression, environmental and other circumstances.
  4. Identify ten (10) functional words given the signs for them.
  5. Identify ten (10) functional signs given the words for them.
  6. List reasons why all staff should reinforce learned signs."
- B. Hand out the worksheets and pencils and have the participants in the session put their names on each sheet.
  - C. Start the videotape.
  - D. At the conclusion, answer any questions the learners may have.
  - E. Collect the worksheets.
  - F. Have the participants complete the competency measure.

#### IV. The Worksheets

- A. Check the worksheets for accuracy. The tape may be viewed a second time for increased competency.
- B. If desired, the worksheets may be used to determine how well staff attended to the information on the video.
- C. The competency measure should reflect an 80% accuracy score. File them in an appropriate area to retain as a record of competence.

#### V. Staff Development Description

- A. A staff development description manual can be kept to use as a reference.
- B. Tapes and corresponding description sheets may be numbered for cross reference.
- C. Evaluation of the session can go beyond the competency measure provided in this packet. You may wish to measure behavior or the effect on the organization. If you do, fill in these areas on the description sheet.

BETHESDA LUTHERAN HOME  
Watertown, Wisconsin

STAFF DEVELOPMENT SESSION DESCRIPTION

Circle One: ORIENTATION      TRAINING      EDUCATION      INFORMATION

Title: BASIC SIGN LANGUAGE II

Identification Number:

Instructor: David Morstad and Ruthann Jaeger

Qualifications: Morstad: Director of Training at Bethesda  
Jaeger: Coordinator of Resource and Outreach Services

Date Accepted: March 31, 1993

Objectives for the trainee: (What do you want them to learn)

1. The learner will review and demonstrate the signs learned in Basic Sign Language I.
2. The learner will list advantages of using sign language among people with mental retardation.
3. The learner will list and describe other communication clues; e.g., facial expression, environmental and other circumstances.
4. The learner will identify ten (10) functional words given the signs for them.
5. The learner will identify ten (10) functional signs given the words for them.
6. The learner will list reasons why all staff should reinforce learned signs.

Description of delivery of session (lecture, film, handouts, etc.):

Video Tape

Worksheets

Time length of session:

30 minute videotape + worksheets + discussion

Evaluation of Development Session (How will we measure if objectives are met?)

Knowledge gain:

Competency Measure

Behavior change:

Effect on organization:

BETHESDA LUTHERAN HOMES AND SERVICES, INC.  
WATERTOWN, WISCONSIN

BASIC SIGN LANGUAGE II

WORKSHEETS

Instructions:

1. Fill in your name on every page.
2. Follow along with the video presentation with this handout.
3. Fill in any blanks with the correct word(s).

Your Name: \_\_\_\_\_ Position: \_\_\_\_\_

Other Identification: \_\_\_\_\_

BEGIN TAPE

Communication can be an extremely important factor when it comes to **HAVING CONTROL**.

It is also vital when it comes to expressing the things I \_\_\_\_\_.

Communication itself is \_\_\_\_\_ in our society.

We are all dependent upon communicating well with others when it comes to matters of \_\_\_\_\_ and \_\_\_\_\_.

Another risk to consider is Exploitation. The more we can help people communicate, the more we can help them exercise self-protection.

THIS VIDEO IS A FOLLOW-UP TO "BASIC SIGN LANGUAGE". YOU SHOULD VIEW THAT TAPE BEFORE YOU CONTINUE FROM HERE.



Name: \_\_\_\_\_

Many signs have as their basis the letters of the alphabet.

DO EACH LETTER ALONG WITH THE TAPE

Review these signs along with the narrators . . .

HAPPY	YES	TV
SAD	THANK YOU	PLEASE
WORK	FRIEND	GO
TIME	GOOD	

Watch the scene that follows and DO THE SIGN as it appears on the screen.

The signs include . . .

WATER	SLEEP
PAIN	NO
MEDICINE	EAT
BAD	SODA (Pop)

Other signs from Basic Sign Language are . . .

HOME	TOILET	BUZZ OFF	ANGRY
------	--------	----------	-------

**TEACHING AND LEARNING SIGNS**

Look for communication "clues" whether they are a part of a formal language or not. This includes things like \_\_\_\_\_ Expression. Pair the signs with the appropriate emotion.

Name: \_\_\_\_\_

Second, pair signs with familiar objects or pictures -- things that are  
\_\_\_\_\_. Our language must reflect the things in our world.

Third, consider the things that are \_\_\_\_\_ in the person's life. This  
might include sessions or personal factors.

When "listening" to signs, consider the same factors.

\*Facial Expressions?

\*Objects or Locations?

\*What is important to this person?

\*What is this person likely to be talking about?

DO THESE NEW SIGNS ALONG WITH THE NARRATOR

DOCTOR

HATE

FIRE

MAN

POLICE

WOMAN

STOP

OUT

DO THESE SIGNS AGAIN AS YOU SEE THEM APPEAR ON THE SCREEN.

(Vignette)

DO THESE NEW SIGNS ALONG WITH THE NARRATOR

MONEY

LOVE

MUSIC

IN

MOVIE

FAMILY

CHURCH

CLOTHES

Name: \_\_\_\_\_

WRITE DOWN or IDENTIFY the previous signs in order as you see them used in the following scene.

(Vignette without sound)

1. \_\_\_\_\_

5. \_\_\_\_\_

2. \_\_\_\_\_

6. \_\_\_\_\_

3. \_\_\_\_\_

7. \_\_\_\_\_

4. \_\_\_\_\_

8. \_\_\_\_\_

(Vignette with sound)

Watch the following scene without sound and try to make some guesses as to what is going on . . .

(Vignette)

The following signs were used. DO THEM ALONG WITH THE NARRATOR.

BATH

PANTS (Slacks)

SHAVE

SHIRT

MIRROR

COLD

TOOTHBRUSH

HOT

DO THESE SIGNS AGAIN AS THEY APPEAR IN THE SAME SCENE WITH SOUND.

(Vignette)

In order to be learned and remembered, signs must be used in more than one environment.

Name: \_\_\_\_\_

All staff should reinforce signs. That means . . .

1. Staff \_\_\_\_\_ .
2. Remind clients to use signs.
3. Pictures or descriptions of signs in \_\_\_\_\_ .
4. Supervisory staff should ensure signs are taught, used and reinforced by all staff who work with a signing client.

FOR REVIEW, DO EACH SIGN AS IT APPEARS ON THE SCREEN.

END OF VIDEO

DM:hld  
930331

Name: \_\_\_\_\_ Department: \_\_\_\_\_

Date: \_\_\_\_\_

## BASIC SIGN LANGUAGE II

### COMPETENCY MEASURE

1. Which of the following are communication "clues"?
  - A. Things of importance to the person
  - B. Objects and locations
  - C. Facial expression
  - D. All of the above
2. Which of the following is not a factor which makes communication important?
  - A. Helps people have more control and independence
  - B. Communication is valued by people
  - C. People have different developmental needs
  - D. People may be at risk of exploitation
3. When teaching new signs, you should:
  - A. Consider the limitations of the person
  - B. Start with the easy signs first
  - C. Start with concrete things
  - D. Avoid the use of facial expression
4. TRUE or FALSE  
A speech therapist has the primary role in reinforcing signs.
5. TRUE or FALSE  
Signs are easier to learn and remember if they are reinforced only in one environment.

## 6. TRUE or FALSE

Pictures or descriptions of signs should be in the program plan of the signing client.

## 7. TRUE or FALSE

All people fall into familiar patterns of subjects they talk about.

## 8. Do the following signs:

DOCTOR	FIRE	MAN
STOP	POLICE	WOMAN
MONEY	HATE	OUT
MUSIC	CHURCH	COLD
BATH	LOVE	HOT
SHAVE	TOOTHBRUSH	FAMILY
MOVIE	PANTS	CLOTHES
	IN	MIRROR
	SHIRT	

The end of this tape may also be used to measure competence.

**MarJul Homes, Inc.****DAY PROGRAM OBSERVATION FORM**

Name of Day Program: \_\_\_\_\_

Name of consumer being observed: \_\_\_\_\_

Date of visit: \_\_\_\_\_ Time of Visit: \_\_\_\_\_

Reason for observation/visit: \_\_\_\_\_

Was consumer engaged in activity? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes what activity? \_\_\_\_\_

If no, what was the consumer doing? \_\_\_\_\_

Was document regarding the consumer available for review? Yes \_\_\_\_\_ No \_\_\_\_\_

Identify some of the documents reviewed. \_\_\_\_\_

Did the documents reviewed appear accurate/current? Yes \_\_\_\_\_ No \_\_\_\_\_

Was any special concern addressed appropriately? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what was it? \_\_\_\_\_

Is there a need for a follow-up visit regarding any concerns or observation?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, how soon? \_\_\_\_\_

Comments and recommendations: \_\_\_\_\_

Observer: \_\_\_\_\_ Title: \_\_\_\_\_

**MARJUL HOMES**  
160 Bryant Street, NW  
Washington, DC 20001  
202-588-7256  
240-266-0079 Fax

Jacquelyn Wilder  
160 Bryant Street, NW  
Washington, D.C. 20001

Monday, August 20, 2007

Ms. Mychelle Gilmore  
11 R Street, NE #102  
Washington, DC, 20001

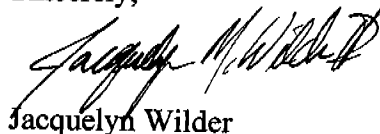
Dear Ms. Gilmore,

This letter is to inform you that as Mr. Andre Edwards advocate you are always invited to attend any meetings that involve Mr. Edwards. For your reference, I have attached to this letter a listing of all Mr. Edward's upcoming meetings. On this list you will find the date, the purpose of the meeting, who should be in attendance, and the time. All of Mr. Edwards's meetings are held at our company headquarters, which is located at 160 Bryant Street, NW Washington, D.C., 20001.

I believe it would be beneficial to Mr. Edwards if you were able to attend his meetings as often as your schedule permits. If there are any changes made to the existing schedule, or if any meetings need to be planned that are not already scheduled, I will contact you well in advance.

Also, I would like to set up a time where Mr. Edwards and I could meet with you to discuss all his treatments and medications, so that you may give your consent. I would really appreciate it if you could contact me as soon as you get the chance at (202) 352-8324; I am looking forward to speaking with, and meeting you.

Sincerely,



Jacquelyn Wilder  
QMRP



MarJul Homes, Inc.  
**PSYCHIATRIC EVALUATION SCHEDULE**

7/8/07

<b>Individual Name</b>	<b>Date</b> <i>(During Psychotropic Medication Review)</i>	<b>Frequency</b>
Lakeisha (Williams) Palmer	August	Annually
Albert Johnson	August	Annually
Daniel Steward	September	Annually
Rodney Peterson	September	Annually
Quinton Richardson	October	Annually
Donald Perry	October	Annually
Johnsin Bennett	November	Annually
Rhonda Rawles	November	Annually
Andre Edwards	December	Annually
Vacant	December	
Vacant	January	

**MARJUL HOMES**  
*160 Bryant Street NW*  
*Washington, DC 20001*  
*202-588-7256*  
*240-266-0079 Fax*

**MEETING and PSYCHOTROPIC REVIEW SCHEDULE**

**ANDRE EDWARDS**

1/25/2008 1:00 pm  
2nd Quarterly Individual, Case Manager, QMRP, Family/Guardian/Advocate,  
Consultants, Attorney, Day Program

6/3/2008 10:00 am  
Pre-Individual Support Plan Meeting  
Individual, Case Manager, QMRP, Family/Guardian/Advocate,  
Consultants, Attorney, Day Program

7/25/2008  
Individual Support Plan Meeting 10:30 am  
Individual, Case Manager, QMRP, Family/Guardian/Advocate,  
Consultants, Attorney, Day Program

Open Invitation to the Monthly Psychotropic Medication Review

The Fourth Thursday of Each Month at 1:00pm

MARJUL HOMES, INC.  
INSERVICE/ORIENTATION TRAINING

Title of Training Staff Meeting Date: Aug 15<sup>th</sup> 2007  
Location of training Arkansas Ave.  
Time of Session 4-5 Number of sessions 1  
Length of sessions 1 hour  
Topic ① Giving Individual Choices, ② BSP's for D. Stevens/  
③ P. Richardson, A. Edwards, ④ People First Language  
④ Documentation  
Resources: (list publications and handouts, if any) 3 BSP's, People First Lang. Memo

Signature and title of presenter: Jacqueline M. Wilkins QMRP

NAME	POSITION/SHIFT	SIGNATURE
1. William Argyle	Program and	William Argyle
2. Mary Lesny	Home Supervisor	Mary Lesny
3. Ricardo Anthony	CHARGE PERSON	Ricardo Anthony
4. Sandra SHEFFIELD		Sandra Sheffield
5. Angela Madufo		Angie Madufo
6. Sharon Smith	Team leader	Sharon Smith
7. BETTY BRANDON	Team leader	Betty Brandon
8. CARLTON SAMUELS		Carlton D. Samuels
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ATTENDANCE: 8

**MARJUL HOMES, INC.**  
**INSERVICE/ORIENTATION TRAINING**

Title of Training A. Edwards BSP Date: Aug. 15<sup>th</sup> 2007  
 Location of training during staff meeting Arkansas Ave  
 Time of Session during staff meeting Number of sessions 1  
 Length of sessions 15 mins.  
 Topic Correct Implementation of A.E's BSP

Resources: (list publications and handouts, if any) Copy of BSP

Signature and title of presenter: Jacqueline M. Welch OMRD

NAME	POSITION/SHIFT	SIGNATURE
1. <u>Nancy Gessay</u>	<u>Home Supervisor</u>	<u>Nancy Gessay</u>
2. <u>William Argyle</u>	<u>Program Asst</u>	<u>Wm Argyle</u>
3. <u>Picardo Anthony</u>	<u>CHARGE PERSON</u>	<u>Picardo Anthony</u>
4. <u>Sandra Sheffield</u>	<u>Team Leader / Eastern Ave</u>	<u>Sandra Sheffield</u>
5. <u>Angela Madufo</u>	<u>Charge person</u>	<u>Angie M</u>
6. <u>BETTY BORDON</u>	<u>Team Leader</u>	<u>Betty Bordon</u>
7. <u>MONICA Singleton</u>	<u>TEAM LEADER</u>	<u>Monica Singleton</u>
8. <u>CARLTON D. SAMUELS</u>	<u>Program Asst.</u>	<u>Carlton D. Samuels</u>
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ATTENDANCE: 8

**MARJUL HOMES, INC.**  
**INSERVICE/ORIENTATION TRAINING**

Title of Training Q. Richardson BSP Date: Aug 15<sup>th</sup> 2007  
 Location of training Arkansas Ave.  
 Time of Session during staff meeting Number of sessions 1  
 Length of sessions 15 mins  
 Topic Implementation of Q.R's BSP

Resources: (list publications and handouts, if any) Copy of BSP

Signature and title of presenter: Jacquelyn M. White QMRD

NAME	POSITION/SHIFT	SIGNATURE
1. William Argyle	Program asst	William Argyle
2. Mary Sesay	Home Supervisor	M. Sesay
3. Ricardo Anthony	CHARGE PERSON	Ricardo Anthony
4. Sandra Sheffield	Team leader / Eastern and	Sandra Sheffield
5. Angela Madhuro	Charge/person	Angie M.
6. Betty Branch	Team leader	Betty Branch
7. MONICA SINGH	Team leader	Monica Singh
8. Carlton D. Samuel	Program Asst	Carlton D. Samuel
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ATTENDANCE: 8

**MARJUL HOMES, INC.**  
**INSERVICE/ORIENTATION TRAINING**

Title of Training D. Steward BSD Date: Aug 15<sup>th</sup> 2007  
 Location of training Arkansas Ave  
 Time of Session during staff meeting Number of sessions 1  
 Length of sessions 10 mins.  
 Topic Correct Implementation of D.S's BSD

Resources: (list publications and handouts, if any) Copy of BSD

Signature and title of presenter: Angela Maduforu - QMBD

NAME	POSITION/SHIFT	SIGNATURE
1. William Angyle	Program Asst	William Angyle
2. Mary Besang	Nurse Supervisor	Mary Besang
3. Ricardo Anthony	CHARGE PERSON	Ricardo Anthony
4. Sandra Sheffield	Team leader / eastern ave.	Sandra Sheffield
5. Betty Braxton	Team Leader	Betty Braxton
6. MONICA SINGLETON	Team Leader	Monica Singleton
7. Carlton D. SAMUELS	Program Asst.	Carlton D. Samuel
8. Angela Maduforu	Charge person	Angie M
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ATTENDANCE: 8

# *Honoring Choices,*

*part 1:*

## *Basic Choice-Making*

*Ancillary Materials*



BETHESDA LUTHERAN HOMES & SERVICES, INC.  
700 Hoffmann Drive, Watertown, Wisconsin 53094

**"Honoring Choices, part 1: Basic Choice-Making"**  
**Staff Development Session Description**

**Instructor:** Tom Heuer, M.Ed., Manager of Outreach Services at Bethesda

**Content Review:** Dave Morstad, Director of Training at Bethesda

**Objectives for the Session:** The Learner will:

1. Describe a "Choice-Imposer."
2. Describe a "Choice-Facilitator."
3. List three major situations where a client is often not given a choice.
4. List three examples where a client's choices should not be honored.

**Length of Session:** 22 minutes

**Delivery Method:** Videotape and Worksheets

**Evaluation of Material:** Competency Measure

**Release Date:** 10 June 99

**Trainer Comments:**

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990610

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## “Honoring Choices, part 1: Basic Choice-Making” Instructor’s Guide

This training module contains a Videotape and a Packet of Ancillary Materials. Within the packet you will find the following:

1. Staff Development Session Description
2. Instructor’s Guide
3. Learner Worksheets (with Key)
4. Competency Measure (with Key)

**Objectives:** The Learner will:

1. Describe a “Choice-Imposer.”
2. Describe a “Choice-Facilitator.”
3. List three major situations where a client is often not given a choice.
4. List three examples where a client’s choices should not be honored.

### **Suggested Format for the Training Session**

1. Introduce the topic:

“Do the people we work with have the opportunity to make both minor and major decisions and choices in their day-to-day lives? Making decisions is an important part of being independent. We need to remember that, and honor the choices and decisions our clients make, as much as possible.”

2. Distribute the worksheets and pencils.
3. Play the videotape, stopping at appropriate times, if necessary.
4. After the tape, review the material and answer any questions.
5. Work through and collect the worksheets.
6. Administer the Competency Measure.

### **Determining Competency**

Check the worksheets for accuracy. The tape can, of course, be viewed again for increased accuracy. The worksheets can be used to demonstrate how well the staff person listened to the tape.

The Competency Measure should reflect at least a score of 80%. These sheets should be filed in an appropriate area as a record of the individual's competence.

A staff development description manual can be compiled as a record of topics presented. Each tape, packet and corresponding description can be numbered to cross-reference attendance records.

Evaluation of the session can be extended beyond the Competency Measure provided. Behavior or effect on the organization can be measured. If this is done, the trainer can make the appropriate notations on the comment section of the Staff Development Session Description.

Name: \_\_\_\_\_

**Worksheet:**  
**"Honoring Choices, part 1: Basic Choice-Making"**

As you watch the videotape, follow along with this worksheet. Fill in the answers as you go. If necessary, stop the tape to allow time to complete your answers.

BEGIN TAPE

1. In the opening vignette, what choices were made? \_\_\_\_\_  
\_\_\_\_\_
2. Who made those choices? \_\_\_\_\_
3. How much client input was there? \_\_\_\_\_
4. A "Choice-Imposer" believes that... \_\_\_\_\_  
\_\_\_\_\_
5. A "choice-facilitator" believes that... \_\_\_\_\_  
\_\_\_\_\_
6. If you absolutely cannot honor a person's choice, you should...  
\_\_\_\_\_
7. Encourage people to increase their level of \_\_\_\_\_ by  
making as many \_\_\_\_\_ and \_\_\_\_\_ as they can.

STOP TAPE

TGH  
990610

Name: \_\_\_\_\_

**Competency Measure:**  
**"Honoring Choices, part 1: Basic Choice-Making"**

1. Define "Choice-Imposer."

\_\_\_\_\_

\_\_\_\_\_

2. Define "Choice-Facilitator."

\_\_\_\_\_

\_\_\_\_\_

3. Give three situations illustrating a client not being given a voice in a significant decision.

a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

4. Give three examples of when a client's choices should not be honored.

a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

5. The more choices and decisions a person can make, the more

\_\_\_\_\_ he or she will become.

Name: \_\_\_\_\_

**Competency Measure:**  
**"Honoring Choices, part 1: Basic Choice-Making"**

1. Define "Choice-Imposer."

\_\_\_\_\_

\_\_\_\_\_

2. Define "Choice-Facilitator."

\_\_\_\_\_

\_\_\_\_\_

3. Give three situations illustrating a client not being given a voice in a significant decision.

a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

4. Give three examples of when a client's choices should not be honored.

a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

5. The more choices and decisions a person can make, the more

\_\_\_\_\_ he or she will become.

MARJUL HOMES, INC.  
160 BRYANT STREET, N.W.  
WASHINGTON, D.C 20001

MEMORANDUM

TO: All Staff

FROM: Marshall Gahagan, Administrator  
Julia Towson, Program Director

SUBJECT: List of People that do not have current Physical Exam at Arkansas Ave NW

DATE: August 15, 2007

It is important for staff to produce a current physical in order to work at MARJUL HOMES, INC. If you are unable to show a current physical by August 29, 2007, you will be suspended without pay until you are able to show that you have had a physical examination.

Ricardo Anthony – no physical examination  
Angella Madufo – last physical done 10/17/05  
Badara Sesay – last physical done 8/26/06 good until 8/26/07

MarJal Homes, Inc.  
4910 ARKANSAS AVENUE

AUGUST 2007

SEPT 2007

	S	M	T	W	T	F		M	T	W	T	F		M	T	W	T	F	S
DAYS 6AM-10AM M-F	5	6	7	8	9	10		13	14	15	16	17	18	19	20	21	22	23	24
VIRGINIA WILLIS		X	X	X	X	X		X	X	X	X	X			X	X	X	X	X
DAYS 8AM-4PM																			
BETTY BRANDON			X	X	X	X			X	X	X	X			X	X	X	X	
RICARDO ANTHONY	X	X		X	X	X			X	X	X	X			X	X	X	X	
WILLIAM TOWNSEND		X	X	X	X	X			X	X	X	X			X	X	X	X	
WILLIAM ARGYLE	X		X	X	X	X			X	X	X	X			X	X	X	X	
		X	X	X	X				X	X	X	X			X	X	X	X	
E/O WEEKENDS SAT/SUN 6AM-6PM																			
VIRGINIA WILLIS																			
ANGELA BEASLEY	X												X	X					X
EVENINGS 4 PM-12 MID																			
MONICA SINGLETON		X	X	X		X			X	X	X	X			X	X	X	X	
ABDUL SESAY		X	X	X	X				X	X	X	X			X	X	X	X	
CARLTON SAMUELS	X		X	X	X	X			X	X	X				X	X	X	X	
ANDRE JOYNER (32 HOURS)	X	X			X	X			X	X		X			X			X	X
NIGHTS 12 MID-8 AM																			
ANGELA MADUFORO		X	X	X	X				X	X	X	X			X	X	X	X	
CECILIA KAMARA	X		X	X	X	X			X	X	X				X	X	X	X	
M & F 12 MID-8 AM PLUS																			
EVERY WEEKEND SAT & SUN																			
6 PM-6 AM																			
BADARA SESAY	X	X				X			X	X	X				X			X	X

X = Work Days

MarJul Homes, Inc.  
4910 ARKANSAS AVENUE

SEPTEMBER 2007

	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S
DAYS 6AM-10AM M-F	2	3	4	5	6	7			10	11	12	13	14	15	16	17	18	19	20	21	
VIRGINIA WILLIS		X	X	X	X	X			X	X	X	X	X			X	X	X	X	X	
DAYS 8 AM - 4 PM																					
BETTY BRANDON		X	X	X		X			X	X	X	X	X			X	X	X	X	X	
RICARDO ANTHONY		X	X	X	X	X			X	X	X		X	X		X	X	X	X	X	
WILLIAM TOWNSEND		X	X	X	X	X			X	X	X	X	X			X	X	X	X	X	
WILLIAM ARGYLE		X	X	X	X	X			X	X	X	X	X			X	X	X	X	X	
E/O WEEKENDS SAT/SUN 6AM-6PM																					
VIRGINIA WILLIS																					
ANGELA BEASLEY	X													X	X						X
EVENINGS 4 PM - 12 MID																					
MONICA SINGLETON		X	X	X		X			X	X	X	X	X			X	X	X	X	X	
ABDUL SESAY		X	X	X	X	X			X	X	X	X	X			X	X	X	X	X	
CARLTON SAMUELS		X		X	X	X			X	X	X	X		X	X	X	X	X	X	X	
ANDRE JOYNER (32 HOURS)		X	X			X	X		X	X			X	X	X	X			X	X	
NIGHTS 12 MID - 8 AM																					
ANGELA MADUFORO		X	X	X	X	X			X	X	X	X	X			X	X	X	X	X	
CECILIA KAMARA	X		X	X	X	X			X	X	X	X		X	X		X	X	X	X	
M & F 12 MID - 8 AM PLUS																					
EVERY WEEKEND SAT & SUN																					
6 PM - 6 AM																					
BADARA SESAY	X	X				X			X				X	X	X	X				X	X

X = Work Days



## Memorandum

To: (QMRP, Home Supervisor, Nurse)

From: (Management)

Date: July 30, 2007

Re: Bi-Weekly Individual Status Case Review Meeting

In an effort to enhance the quality of the service delivered to the individuals in our care, we will hold individual status case review meetings. The case review will held twice monthly at each facility and will occur as indicated in the chart below effective Tuesday, August 21, 2007.

House	Day/Frequency	Time
Arkansas	1 <sup>st</sup> & 3 <sup>rd</sup> Tuesday	10:30am-12:00pm
Eastern	1 <sup>st</sup> & 3 <sup>rd</sup> Tuesday	1:00pm-2:30pm

Remember the purpose for conducting these bi-weekly case reviews is ensure cohesive team supports for the individuals in our care. The focus of the meeting is to review the status of each individual identifying and addressing concerns related to his/her status. Therefore, it is especially important that the QMRP, Home Supervisor and Nurse are in attendance.

As always, if you have questions please let us know.

## MarJul Homes, Inc.

**Schedule of Meetings & Committees****Bi-Weekly****1. Case Review**

Meeting held twice monthly on the 1<sup>st</sup> & 3<sup>rd</sup> Tuesday at the respective facility;  
10:30am-12:00pm (Arkansas) and 1:00pm-2:30pm (Eastern).

Attendees:

- Quality Assurance Consultant (Facilitator)
- QMRP
- Home Supervisor
- Nursing

**Monthly****1. Psychotropic Medication Review**

Meeting held monthly on the 4<sup>th</sup> Thursday at the Administrative Office at  
1:00pm-3:00pm.

**Psychiatric Evaluations**

- ❖ Individuals who are prescribed psychotropic medication will have psychiatric evaluations performed annually.
- ❖ Individuals who are not prescribed psychotropic medication will have psychiatric evaluations performed once every 3 years.

**2. Standing Incident Review Committee (IRC)**

Meeting held monthly on 2<sup>nd</sup> Tuesday at the Administrative Office at 10:30am-12:30pm.

Attendees:

- Incident Management Coordinator (Chair)
- Quality Assurance Consultant
- QMRP
- Home Supervisor
- Team Leaders (day shift, 1- from each facility)
- Any invited guests (family member, DDS case manager, attorney, etc.)

**Quarterly****1. Human Rights Committee (HRC)**

Meeting held quarterly (February, May, August, November) on 1<sup>st</sup> Thursday at the Administrative Office at 12:00pm-2:00pm.

Attendees:

- Psychologist (Chair)
- Nursing
- QMRP
- Community Representative
- Quality Assurance Consultant
- Home Supervisor

## **Schedule of Meetings & Committees**

- Individual, as appropriate
- Invited Guests (guardian and/or outside advocate, family member, etc.)

### **2. Safety Committee**

Meeting held quarterly (February, May, August, November) on the 2<sup>nd</sup> Tuesday at the Administrative Office at 1:30pm-3:30pm.

Attendees:

- Quality Assurance Consultant or Designee (Facilitator)
- QMRP
- Home Supervisor
- Team Leaders (day shift, 1- from each facility)
- Nursing
- Individual, as possible

### **Semi - Annually**

#### **1. Infection Control Committee**

Meeting held semi - annually (March & September) on the 2<sup>nd</sup> Tuesday at the Administrative Office at 1:30pm-3:30pm.

Attendees:

- Program Director (Chair)
- Nursing
- QMRP
- Home Supervisor
- Team Leaders (day shift, 1- from each facility)
- Quality Assurance Consultant

### **Annually**

#### **1. Record Rotation Committee**

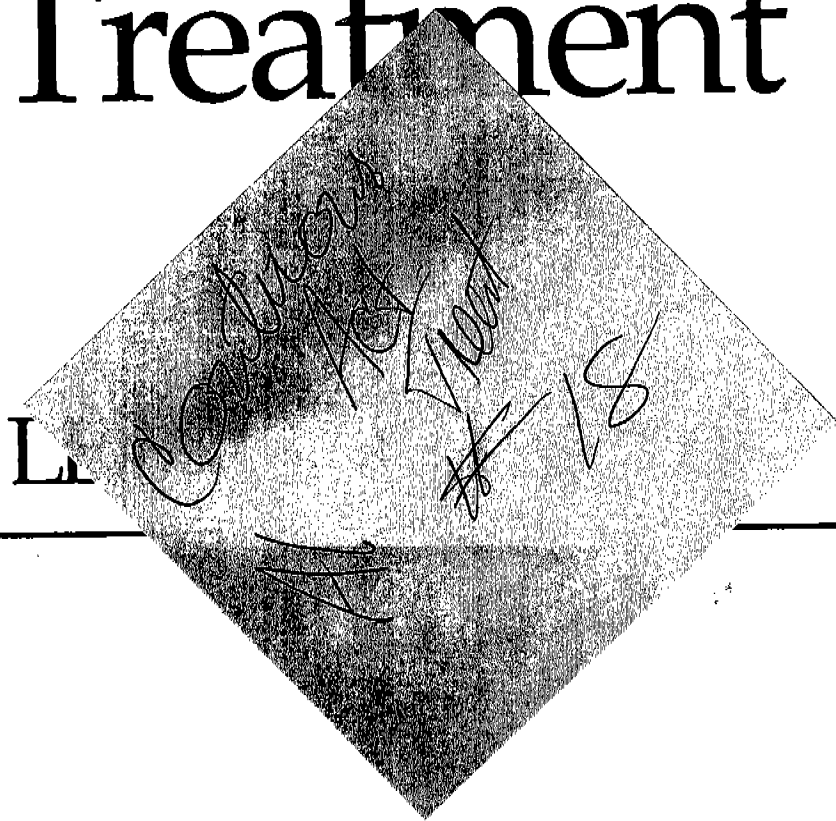
Once annually, the records at each facility will be rotated from the home record maintenance site. All records, except medical records, must be maintained for at least a period of 7 years. Medical records are to be kept for as long as the individual is in the care of MarJul Homes, Inc.

- Facility Records – Each year is maintained from survey year to survey year.
- Individual Records – Each year is maintained from ISP year to ISP year

Attendees:

- QMRP (Facilitator)
- Facility Operations Consultant
- House Supervisor
- Team Leaders (day shift, 1- from each facility)
- Quality Assurance Consultant

# Continuous Active Treatment



BETHESDA LUTHERAN HOMES & SERVICES, INC.  
700 Hoffmann Drive, Watertown, Wisconsin 53094

# Staff Development Session Description

Category: ORIENTATION    TRAINING    EDUCATION    INFORMATION

Title: Continuous Active Treatment

Date: 9 July 96

Identification Number:

Instructor: Ruthann Faltersack, Project Coordinator at Bethesda

Content Review: Kathleen McGwin, Care Services Administrator at Bethesda  
Deborah Zubke, Administrator at Bethesda's Watertown Campus

Objectives for the Session:

The Learner will:

1. Define continuous active treatment.
2. List the benefits a person can experience from continuous active treatment.
3. Describe his or her role as a direct care worker in assuring continuous active treatment.
4. Observe several scenes and determine whether continuous active treatment is occurring or not.

Length of Tape: 48 minutes    Delivery Method: Videotape and Worksheets

Evaluation of Material: Competency Measure

Trainer Comments:

TGH  
960828

# INSTRUCTOR'S GUIDE

Title: Continuous Active Treatment

This training module contains the Videotape and a Learner Packet. Within the Learner Packet you will find the following:

1. Staff Development Session Description
2. Instructor's Guide
3. Learner Worksheets (with Key)
4. Competency Measure (with Key)

## LEARNER OBJECTIVES

The Learner will:

1. Define continuous active treatment.
2. List the benefits a person can experience from continuous active treatment.
3. Describe his or her role as a direct care worker in assuring continuous active treatment.
4. Observe several scenes and determine whether continuous active treatment is occurring or not.

## SUGGESTED FORMAT FOR THE TRAINING SESSION

1. Introduce the topic: "Active treatment means that persons residing in ICF/MRs are to receive more than just custodial care. Regulations dictate that provisions must be made for interactions and environments that give the individual the best chance possible for achieving an independent, active role in society.

"But, practicing active treatment only within structured settings is not enough. It must extend into informal settings as well. That's what we mean by continuous active treatment. And, that's why we will be watching this videotape. Our objectives are for you to be able to:

- 1) Define continuous active treatment;
  - 2) List the benefits a person can experience from continuous active treatment;
  - 3) Describe his or her role as a direct care worker in assuring continuous active treatment; and ,
  - 4) Observe several scenes and determine whether continuous active treatment is occurring or not."
2. Distribute the worksheets and pencils.
  3. Play the videotape, stopping at appropriate times, if necessary.
  4. After the tape, review the material and answer any questions
  5. Work through and collect the worksheets.
  6. Administer the Competency Measure.

### **DETERMINING COMPETENCY**

Check the worksheets for accuracy. The tape can, of course, be viewed again for increased accuracy. The worksheets can be used to demonstrate how well the staff person listened to the tape.

The Competency Measure should reflect at least a score of 80%. These sheets should be filed in an appropriate area as a record of the individual's competence.

### **STAFF DEVELOPMENT SESSION DESCRIPTION**

A staff development description manual can be compiled as a record of topics presented. Each tape, learner packet and corresponding description can be numbered to cross-reference attendance records.

Evaluation of the session can be extended beyond the Competency Measure provided in this packet. Behavior or effect on the organization can be measured. If this is done, the trainer can make the appropriate notations on the comment section of the Staff Development Session Description.

TGH  
960828

Name: \_\_\_\_\_

## Continuous Active Treatment WORKSHEET

Write your name on each page. Follow along with the video tape, completing the questions as you go.

### BEGIN TAPE

1. Active treatment means provisions must be made for S \_\_\_\_\_,  
I \_\_\_\_\_ and E \_\_\_\_\_ that give the  
individual the best chance possible for achieving an I \_\_\_\_\_  
active role in society.
2. Continuous active treatment is the on-going flow of I \_\_\_\_\_  
by staff to take advantage of every L \_\_\_\_\_ O \_\_\_\_\_.
3. Interventions are consistent when the S \_\_\_\_\_ approach is used to teach  
the skill E \_\_\_\_\_ time the intervention occurs.
4. An aggressive intervenor doesn't H \_\_\_\_\_ to intervene,  
already has at least one intervention P \_\_\_\_\_ in mind, and recognizes that  
some opportunities are U \_\_\_\_\_.
5. As you watch the opening scene again, why wasn't it continuous active treatment?  
\_\_\_\_\_



6. The benefits of continuous active treatment include:

- a. Greater sense of C \_\_\_\_\_;
- b. Greater sense of value as I \_\_\_\_\_;
- c. Greater O \_\_\_\_\_ to grow, learn and interact;
- d. Greater I \_\_\_\_\_.

7. In the vending machine vignettes, which of these benefits of continuous active treatment do you see?

Part 1 (hallway): \_\_\_\_\_

\_\_\_\_\_

Part 2 (preparing for and then using the machine): \_\_\_\_\_

\_\_\_\_\_

Part 3 (before leaving): \_\_\_\_\_

\_\_\_\_\_

8. Through the A \_\_\_\_\_ and IPP F \_\_\_\_\_, you assist in determining the most important needs.

9. You also help determine the:

- a. S \_\_\_\_\_
- b. R \_\_\_\_\_
- c. A \_\_\_\_\_ Levels
- d. D \_\_\_\_\_ C \_\_\_\_\_ methods

Name: \_\_\_\_\_ Continuous Active Treatment, worksheet page 3

10. Use every opportunity to make A \_\_\_\_\_ T \_\_\_\_\_  
C \_\_\_\_\_.

11. Take advantage of every O \_\_\_\_\_ to enhance what was taught  
during the individual's S \_\_\_\_\_ learning time – as well as take  
advantage of other L \_\_\_\_\_ opportunities, as they present themselves.

12. How could you include continuous active treatment during these times?

a. When you're helping someone brush their teeth in the morning? \_\_\_\_\_  
\_\_\_\_\_

b. During mealtime? \_\_\_\_\_  
\_\_\_\_\_

c. When you are helping a client get from one place to another? \_\_\_\_\_  
\_\_\_\_\_

d. How about during group activities? \_\_\_\_\_  
\_\_\_\_\_

e. When you're working one-on-one with a client? \_\_\_\_\_  
\_\_\_\_\_

f. Or, when the unexpected happens, like an argument? \_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_ Continuous Active Treatment, worksheet page 4

13. Which of the scenes involving the gardening show better demonstrated continuous active treatment? A or B Why? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

14. Which of the scenes involving eating snacks better demonstrated continuous active treatment? A or B Why? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

15. Which of the scenes involving telephone skills better demonstrated continuous active treatment? A or B Why? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_

## CONTINUOUS ACTIVE TREATMENT COMPETENCY MEASURE KEY

1. Continuous Active Treatment is the on-going flow of \_\_\_\_\_ by staff to take advantage of every \_\_\_\_\_.
2. The benefits of Continuous Active Treatment include:
  - a. Greater sense of \_\_\_\_\_;
  - b. Greater sense of \_\_\_\_\_ as individuals;
  - c. Greater \_\_\_\_\_ to grow, learn and interact;
  - d. Greater \_\_\_\_\_.
3. Continuous Active Treatment is consistent because the \_\_\_\_\_ approach is used each time the intervention occurs.
4. Continuous Active Treatment is aggressive because staff don't hesitate to \_\_\_\_\_, having a plan or plans all ready to go.
5. As a direct care worker, a major part of your role is to make use of every opportunity to make active treatment ! \_\_\_\_\_.
6. Continuous Active Treatment can be planned. Give an example of a planned intervention.  
\_\_\_\_\_  
\_\_\_\_\_

7. Continuous Active Treatment can be unplanned. Give an example of an unplanned intervention.

\_\_\_\_\_

8. Read the following paragraphs. Identify at least three interventions you could do to make active treatment more continuous for these clients.

*You enter a client's room at 6:30 in the morning. "Janice, it's time to get up. Breakfast will be ready soon, and you need to get moving. Let me know if you need any help." You leave the room.*

*After breakfast, you help Janice and her roommate brush their teeth, make the beds and fix their hair.*

*It's your turn to escort several clients to their programming rooms. It takes about ten minutes to get them all transported. Later, you escort them to lunch, where you assist the clients.*

*After lunch, it's a shopping trip with Janice and several other clients to buy new clothes. You stop for an ice cream treat on the way home.*

1. \_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

3. \_\_\_\_\_

9. For Continuous Active Treatment to be effective, the emphasis must be placed on the growth and development of the \_\_\_\_\_.

10. Continuous Active Treatment should happen whenever there are \_\_\_\_\_ between a client and a worker.

MarJul Homes, Inc.

**RECORD OF FIRE DRILL**

DATE OF DRILL:

TIME OF DRILL:

AM  
PM

ADDRESS OF HOME:

**GENERAL INFORMATION**Method of Fire Drill☐

PULL STATION

☐

SMOKE DETECTOR

☐

FLOW SWITCH

Location of Device:

Method Of Egress:☐

FRONT DOOR (FIRST FLOOR)

☐

BACK DOOR (FIRST FLOOR)

☐

SIDE DOOR (FIRST FLOOR)

☐

FIRE ESCAPE (SECOND FLOOR)

NUMBER OF CONSUMERS AT HOME:

NUMBER OF STAFF IN THE HOME:

TOTAL DRILL TIME:

MINUTES

SECONDS

WEATHER CONDITIONS DURING DRILL:

**SYSTEM CHECKLIST (Check YES if operated correctly)**

ALARM PANEL

☐

YES

☐

NO

BELLS

☐

YES

☐

NO

STROBES

☐

YES

☐

NO

MAGNETIC DOORS

☐

YES

☐

NO

**OTHER INFORMATION**Was the fire department notified?☐

YES

☐

NO

Describe consumers general activity:

Other notes:

Signature/Title:

08//07

# MARJUL HOMES, INC FIRE DRILL SCHEDULE

SHIFT	EXIT	DUE DATE
<b>MORNING</b>		
12am – 8 am	FRONT EXIT	3 <sup>RD</sup> SATURDAY OF EACH MONTH AT 6 AM
8AM – 4PM	BACK EXIT	1 <sup>ST</sup> MONDAY OF EACH MONTH AT 8 AM
<b>DAYS</b>		
8 AM – 4PM	SIDE EXIT	2 <sup>ND</sup> SATURDAY OF EACH MONTH AT 1 PM
4PM – 12pm	FRONT EXIT	1 <sup>ST</sup> FRIDAY OF EACH MONTH AT 5 PM
<b>EVENING</b>		
4PM – 12 am	BACK EXIT	3 <sup>RD</sup> SATURDAY OF EACH MONTH AT 8 PM
<b>OVER NIGHT</b>		
12 AM – 8 AM	FRONT EXIT	4 <sup>TH</sup> SUNDAY OF EACH MONTH AT 12 MIDNIGHT
4PM -12AM	SIDE EXIT	2 <sup>ND</sup> SUNDAY OF EACH MONTH AT 11PM